

Name
in
Full

George W. Barclay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND			
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>31</i>	Age <i>18</i> ^{Years}	Months <i>5</i>	Days <i>9</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>
Occupation	<i>School</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Robert Barclay</i>				Father's Birthplace	<i>U.S. Canada</i>	
Mother's Maiden Name	<i>Mary Fricker</i>				Mother's Birthplace	<i>U.S. Canada</i>	
Name of person giving information	<i>Elephant Barclay</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>10 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. A. Hodges</i>
		Address	<i>Cumberland, Md.</i>
Accident or Suicide?			

3591

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Bedford

Town

County

Died at

Cumberland Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 July

28

Age

77

Sex

male

Color or
Race

White

Birth-
place

MD

Occupation

Retired RR Engineer

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Massey

Orum

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

" "

Name of person giving
Information

Virginia Shaffer

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Senile Debility

How long

2 years.

Immediate

Heart Debility

How long

1 mo.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

F. J. Bentsdell,
Cumberland.

Accident or Suicide

PHYSICIAN
OR CORONER

154

7/13/2 Edison
dr. 1 p. 1 on Charles
Shaffer =

Monday Aug 6

Martinsburg W. Va.

9855 #

Name
in
Full

Edward Wales Birmingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland All County MARYLAND
Date of death 1909 28 July Age — Months one Days
Sex Male Color or Race White Birth-place Md
Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name John Birmingham Father's Birthplace Md
Mother's Maiden Name Jennie Flamingan Mother's Birthplace England
Name of person giving Information John Birmingham How related to deceased Father

CAUSES OF DEATH

(151)

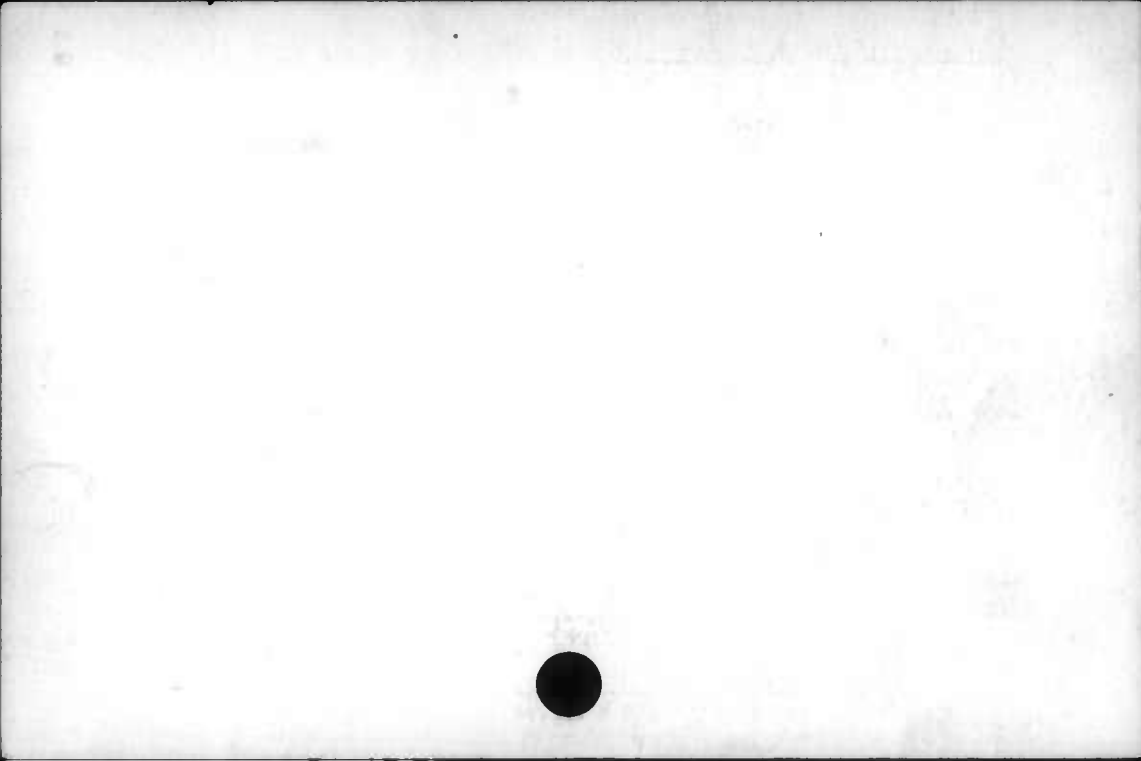
Primary Infection How long 1 month
Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

W. H. Shailer M.D.
Address Cumberland
Wales

Accident or Suicide



Name
in
Full

Garland Boher

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Cumtland*

Allegheny

Date

of death

1909

Month

July

Day

9

Age

Years

—

Months

4

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Cumtland

Occupation

none

Where Reiding if not
et place of death

—

Married, Single
or Wldowed

—

Name of Wife or
Husband

—

Fathar's
Neme

Jacob Boher

Fether's
Birthplace

Pa

Mother's
Maiden Name

Laura Dorsey

Mother's
Birthplace

Pa

Name of person giving
Information

Emma Dorsey

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Indigestion + Sunny Brachia

How long

2 mo

Immediste

Brachia

How long

1 mo

Are the name, age, sex, color, data
and pelea correctly given above?

yes

Signature of
Physician

A. L. Brown

Address

Accident or Suicide

Bard, Pa

Broadway

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bard Pa

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

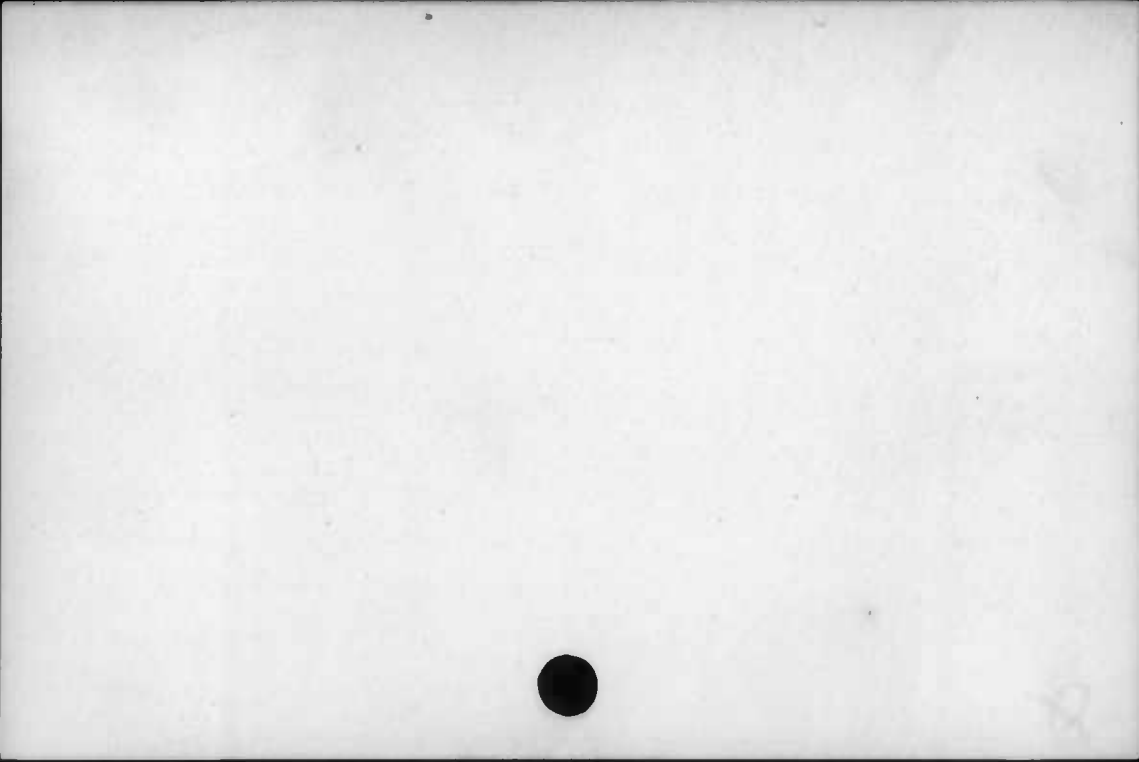
Name in Full Infant Bradley Bogie		Town Lonaconing		County Alleghany		State MARYLAND	
Died at Lonaconing		Month July		Day 16		Age 5	
Date of death 1909		Years —		Months —		Days —	
Sex Female		Color or Race White		Birth-place Lonaconing			
Occupation none				Where Residing if not at place of death Lonaconing			
Married, Single or Widowed Single				Name of Wife or Husband —			
Father's Name Algo Bogie				Father's Birthplace Lonaconing			
Mother's Maiden Name Jennie Bradley				Mother's Birthplace "			
Name of person giving information Jennie Bradley				How related to deceased Mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long One week
Immediate Meningitis (Cerebral)	How long Two days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. Skilling, M.D.
Address Lonaconing	
Accident or Suicide? no	



Name
in
Full

CERTIFICATE OF DEATH

Marguerite E. Borgman

Town

County

MARYLAND

Died at *Cambridge*

Month

Day

Years

Months

Days

Date of death 1909 July 25 Age 62

Sex

Female

Color or
Race

White

Birth-
place

Va

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John E. Borgman

Father's
Name

Solomon Bishop

Father's
Birthplace

Va

Mother's
Maiden Name

Lucina Owens.

Mother's
Birthplace

Va

Name of person giving
Information

James F. Borgman

How related
to deceased

Son

CAUSES OF DEATH

120

Primary

Brights disease

How long

3 yrs

Immediate

Mitral Regurgitation (Exhaustion)

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. C. L. Owens
Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

3582

Name
in
Full

Oliver Brant.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cumt. County Allegh. **MARYLAND**

Died at Cumt.

Date of death 190 9 July 16 Age — 3 Months — Days —

Sex Female Color or Race White Birth-place Cumt.

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Harley Brant Father's Birthplace Ma.

Mother's Maiden Name Sarah Bryan Mother's Birthplace Ma.

Name of person giving Information Harley Brant How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long about one month

Immediate Convulsions How long a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. J. W. W. W. Address Cumt.

Accident or Suicide —

219 Col Ave.

(near 8)

Name
in Full

Williams B Brant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland allgany MARYLAND
Town County

Date of death 1909 7 23 Age 68 6
Month Day Years Months Days

Sex male Color or Race White Birth-place md

Occupation Tramster Where Residing If not at place of death Cumberland

Married, Single or Widowed Married Name of Wife or Husband Sarah Alice Brant

Father's Name Geo Brant Father's Birthplace MD

Mother's Maiden Name Sara Brant Mother's Birthplace MD

Name of person giving Information Charles Brant How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN
FOR CORONER

Primary Chro. Interstitial Nephritis How long 8 mo.

Immediate Mitral regurgitation How long 6 mo.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edward Harris

J. B. W. Address Cumberland Md.

Accident or Suicide X X

3585

17000000

Name
in
Full

CERTIFICATE OF DEATH

infant Brooke

Town

County

MARYLAND

Died at *Crunkel*

Allegheny

Date of death 1909 July

Day

Age

Years

Months

Days

Color or
Race

Birth-
place

Sex
Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

176

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Weno Virginia Bruce
Town County

Died at Canfield Alleg
Month Day Years

MARYLAND

Date of death 1909 July 8 Age — Months 1 Days 14

Sex Female Color or Race Colored Birth-place Ind

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Harry Bruce Father's Birthplace West Va

Mother's Maiden Name Estella Brown Mother's Birthplace Ind

Name of person giving Information Harry Bruce How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera infantum How long one wk.

Immediate Exhaustion How long Two days.

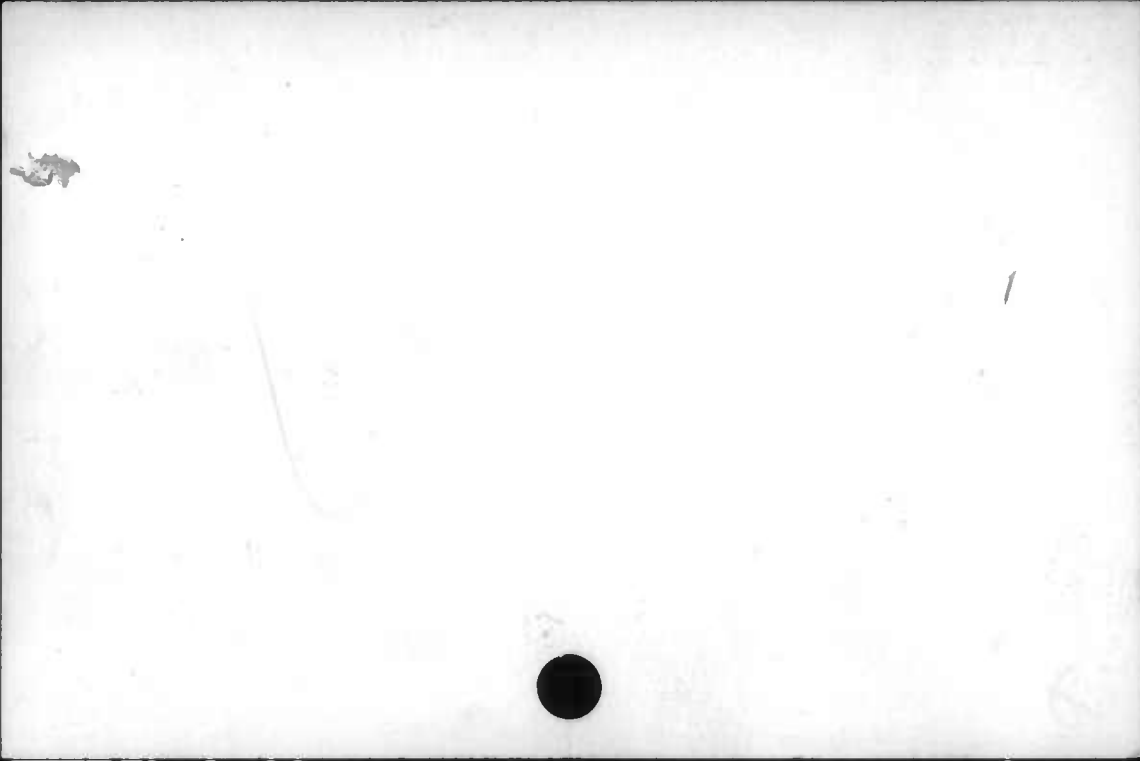
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Shurgeon Sparks
Address #104 N. Mechanic St.

Stetter

Accident or Suicide none

PHYSICIAN
OR CORONER



Name
in
Full

Ella Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland alleg. MARYLAND

Date of death 190 9 July 25 Age 30 Months — Days —

Sex Female Color or Race White Birth-place W. Va

Occupation Housewife Where Residing if not at place of death Oldtown Rd

Married, Single or Widowed Married Name of Wife or Husband John Campbell

Father's Name Thomas Roddrick Father's Birthplace W. Va

Mother's Maiden Name Catherine Roddrick Mother's Birthplace W. Va

Name of person giving Information Elyza Bowers How related to deceased Aunt

CAUSES OF DEATH

Primary Typhoid fever

Immediate & exhaustion

How long

5 weeks

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Stine

Thos. W. Lown

Cumberland Md

Accident or Suicide

PHYSICIAN
OR CORONER

3578



Name
in
Full

CERTIFICATE OF DEATH

Hellen Taft Chapman

Died at ^{Town} Borden Shaff ^{County} Allegheny

MARYLAND

Date of death 1909 ^{Month} 7 ^{Day} 20 Age ^{Years} 9 ^{Months} months ^{Days}

Sex Female Color or Race White Birth-place Borden Shaff

Occupation No Where Residing if not at place of death Borden Shaff

Married, Single or Widowed Single Name of Wife or Husband

Father's Name J. P. Chapman Father's Birthplace Millthair

Mother's Maiden Name Lillie Sampson Mother's Birthplace England

Name of person giving Information How related to deceased Daughter

CAUSES OF DEATH

Primary Cholera Infantum How long 105 2 weeks

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. H. Phymes

Address Millthair Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

F. F. & U Co

allegany -



Name
in
Full

Louis Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sylvan Retreat Allegany County
Date of death 190 9 July 21 Age 41 Months — Days —
Sex Male Color or Race Black Birth-place Va.
Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving Information Geo. J. Hice How related to deceased Nephew

CAUSES OF DEATH

Primary Spasms How long 64
Immediate Exhaustion How long Short
Are the name, age, sex, color, data and place correctly given above? Yes
Signature of Physician W. F. J. J. J.
Address Cumberland, Md.
Accident or Suicide —

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Robert Lee black

Town

County

MARYLAND

Died at Cumberland

Alleg.

Date

Month

Day

Years

Months

Days

of death 1909

July

12

Age

42

Sex

Male

Color or
Race

colored

Birth-
place

Ma.

Occupation

Labourer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Carena black

Father's
Name

James black

Father's
Birthplace

D.K.

Mother's
Maiden Name

dont know

Mother's
Birthplace

D.K.

Name of person giving
Information

Carena black

How related
to deceased

Wife

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

3 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Thos. A. Jones

Cumberland

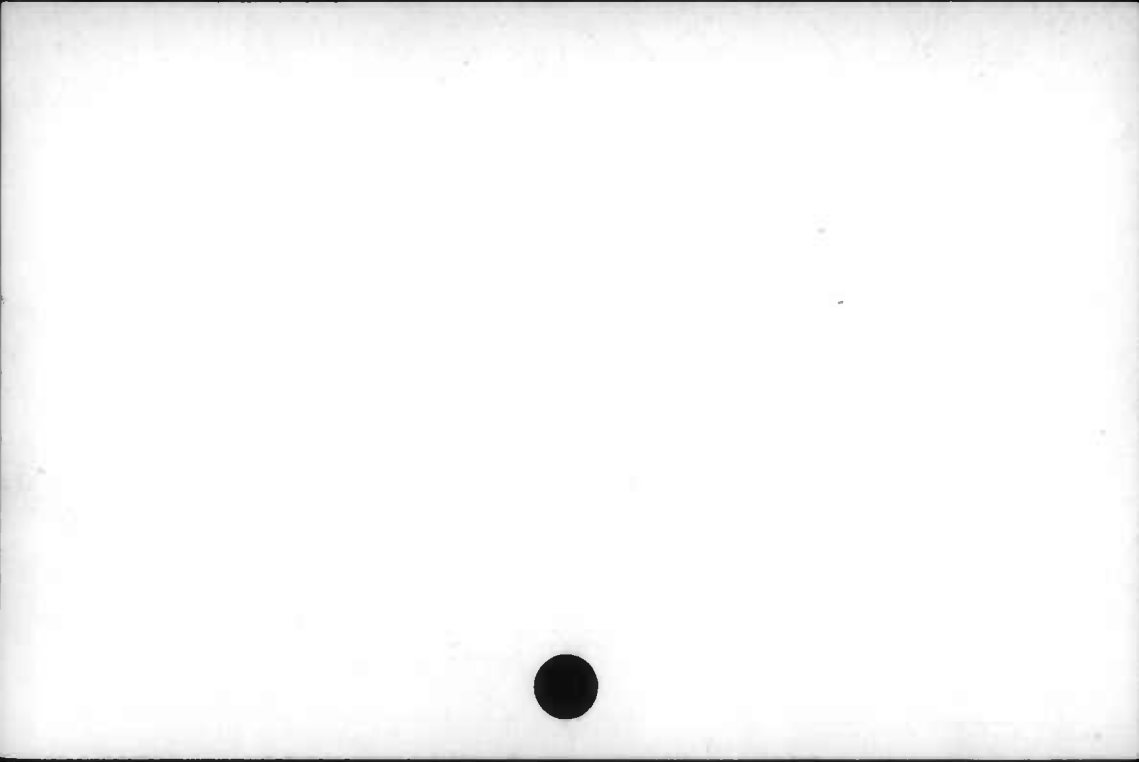
Kaon

and

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Pauline Clay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg
Date of death 1909 July 13 Age 7 Months 7 Days
Sex Female Color or Race white Birth-place Md
Occupation None Where Residing If not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name J M Clay Father's Birthplace Va
Mother's Maiden Name Ada B Taylor Mother's Birthplace Va
Name of person giving Information J M Gost- How related to deceased B in law

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Summer Dysentery How long 1 mo
Immediate Exhaustion How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician E. L. Broadbent
Address Cumberland
Accident or Suicide No 987654- 111



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Vernon Lee Collins
Town County

Died at Cumber ~~alleg~~

MARYLAND

Date of death 1909 July 8 Age 1 Months 5 Days

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Edward Collins Father's Birthplace Vir

Mother's Maiden Name Ada Wortman Mother's Birthplace Pa

Name of person giving Information Ed. Collins How related to deceased Father

CAUSES OF DEATH

61

Primary Cerebro Spinal meningitis How long 14 days

Immediate Exhaustion Heart Failure How long 14 days

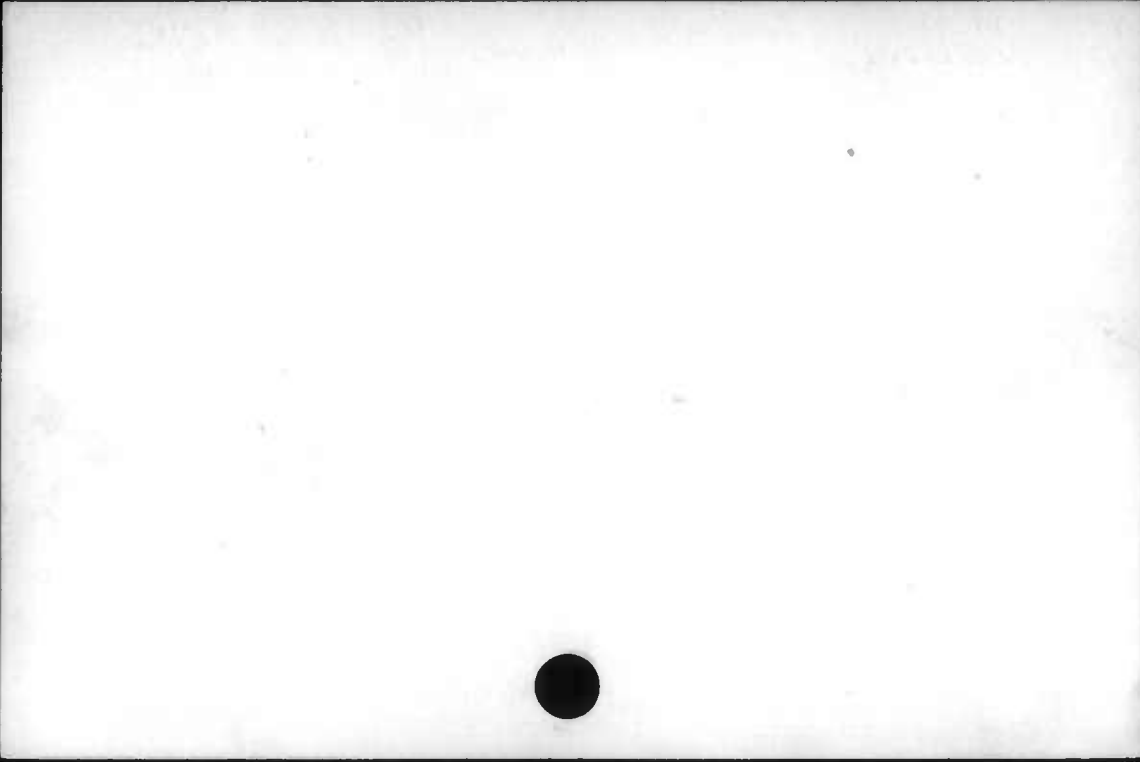
Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician F. R. Burdell

Address Cumberlands, Barkdall

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Wilbert Crabtree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

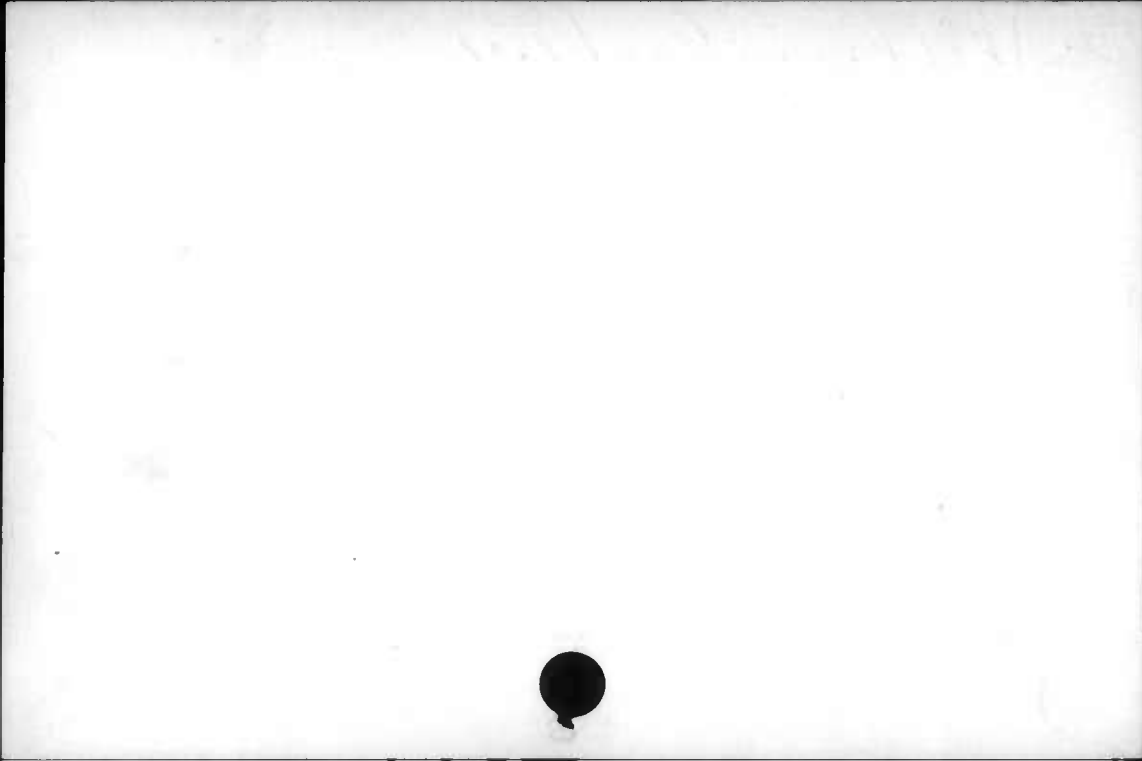
Died at Cumberland all-gang County **MARYLAND**
Date of death 1909 7 Month 11 Day One Age One Years Months Days
Sex Male Color or Race White Birth-place Cumberland
Occupation son Where Residing if not at place of death Cumberland
Married, Single or Widowed Single Name of Wife or Husband son
Father's Name Frank Weber Father's Birthplace md
Mother's Maiden Name Mary Crabtree Mother's Birthplace md
Name of person giving Information Mary Crabtree How related to deceased mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORNER

Primary summers diarrhoea How long few days
Immediate spasms How long 12 hours
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician W. H. Bruce, M.D. Address Cumt - md
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Kent Cronin
Died at Cumberland Alleg. County

MARYLAND

Date of death 1907 July 4 Age 2 Months 22

Sex Male Color or Race White Birth-place Pitts.

Occupation None Where Reiding if not at place of death Pittsburg

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James Cronin Fether's Birthplace Pa

Mother's Maiden Name Neva Kent Mother's Birthplace Md

Name of person giving Information Cronin How related to deceased Mother.

CAUSES OF DEATH

106

Primary Enteric Colitis How long 2 Weeks

Immediate Chaulsin How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thos. McLooney

Address Cumberland

Stein.

Accident or Suicide Phy. Pa

PHYSICIAN
OR CORONER

Pitts

Died at home Ethridge

#20 Park Ave

Name
in
Full

CERTIFICATE OF DEATH

Mary Ann Deibach
Died at *S. Cumberland* Town *Allegheny* County

MARYLAND

Date of death *1909 July 10* Month *July* Day *10* Age *5* Years Months *3* Days *28*

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Howard D. Deibach*

Father's Name *(unknown) Umbach* Father's Birthplace *Germany*

Mother's Maiden Name *unknown Umbach* Mother's Birthplace *Germany*

Name of person giving information *John Deibach* How related to deceased *Son*

CAUSES OF DEATH

Primary *Typhoid fever* How long *1 & 2 weeks*

Immediate *hemorrhage of lungs* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. Bondrup*

Address *Cumberland*

Accident or Suicide? *No* *W. H. Bondrup*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Philip Dickel* Town *Union Mine #1* County *Allegheny* MARYLAND
Died at *Union Mine #1*
Date of death 190 *9* Month *July* Day *13th* Age *32* Years *5* Months *27* Days
Sex *Male* Color or Race *White* Birth-place *Deutch Hollow*
Occupation *Miner* Where Residing if not at place of death *Fire Clay Mountain*
Married, Single or Widowed *Married* Name of Wife or Husband *Nellie Dickel*
Father's Name *Michael Dickel* Father's Birthplace *Germany*
Mother's Maiden Name *Mary E. Stuhl* Mother's Birthplace *"*
Name of person giving Information *Wm. D. Connors* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Fractured pelvic bone* How long *immediate*
in fall of coal
Immediate *Crushed internally* How long *20 minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

Accident



Name
in
Full

Cardine M Dill

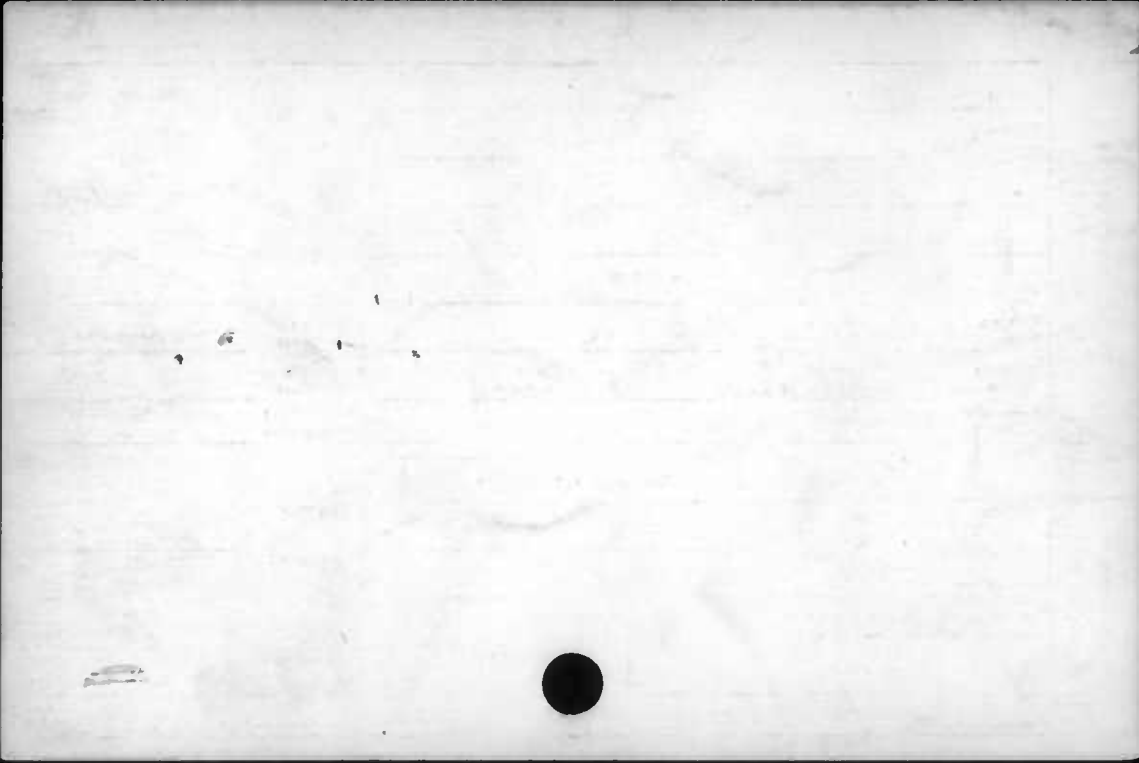
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegh		MARYLAND	
Date of death		Month July	Day 2	Age 38	Years	Months 11	Days 9
Sex Female	Color or Race White	Birthplace Horton Md					
Occupation None	Where Residing if not at place of death Shriver Ave.						
Married, Single or Widowed Single	Name of Wife or Husband None						
Father's Name Christopher Dill		Father's Birthplace Germany					
Mother's Maiden Name Cathrine Schilling		Mother's Birthplace N					
Name of person giving Information Robert Dill		How related to deceased Bro.					

CAUSES OF DEATH

Primary	Cancer of Uterus	How long 40	one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Physician or Coroner X		Signature of Physician James T. Johnson M.D.	Address Cumberland Md
Accident or Suicide			



Name
in
Full

Wm E Dillon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cumberland* County *Allegany* MARYLAND
Died at
Date of death *1909 July 17* Age *51* Months *3* Days *-*
Sex *Male* Color or Race *White* Birth-place *Frostburg Md*
Occupation *Super'd F.R.R.* Where Residing if not at place of death *-*

Married, Single or Widowed *Widower* Name of Wife or Husband *Agnes*

Father's Name *James Dillon*

Father's Birthplace *Ireland*

Mother's Maiden Name *Susan Farrell*

Mother's Birthplace *Ireland*

Name of person giving Information *Raphael Dillon*

How related to deceased *Daughter*

CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage*

How long *4 weeks*

Immediate *Exhaustion*

How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

J. M. Lockman

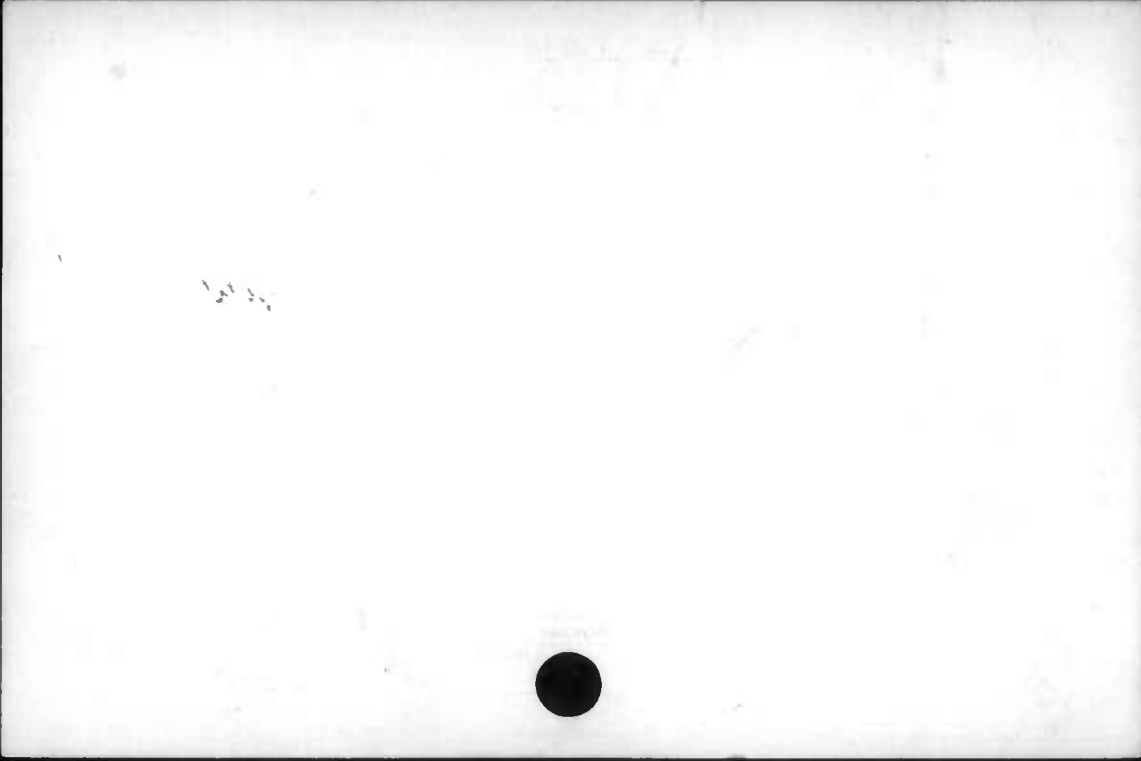
Address

Cumberland Md

Accident or Suicide

Frostburg Md

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Dyche
Died at Cumberland Maryland
Date of death 1909 7 23 Age 45-
Sex Male Color or Race White Birth-place W Va
Occupation Railroader Where Residing if not at place of death Cumberland
Married, Single or Widowed Married Name of Wife or Husband Bettie Kephart Dyche
Father's Name William Dyche Father's Birthplace W Va
Mother's Maiden Name Ba McKnight Mother's Birthplace Md
Name of person giving Information Mrs W. Milinger How related to deceased S Son

CAUSES OF DEATH

117

PHYSICIAN
OR CORONER

Primary Cancer of Pancreas How long Complaining about 3 yrs
Immediate Exhaustion How long
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. V. Downing Address 134 N. Center St
Accident or Suicide J. C. W.

1858 #



Name
in
Full

Mary E. Eckhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart Mines</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>30</i>	Age <i>72</i>	Years <i>7</i> Months <i>19</i> Days
Sex	<i>female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cumtala</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Eckhart</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>John Eckhart</i>			
Father's Name	<i>Just Myers</i>			Father's Birthplace	<i>Fredricks</i>
Mother's Maiden Name	<i>Crisse Myers</i>			Mother's Birthplace	<i>Fredricks</i>
Name of person giving Information	<i>Thorn Eckhart</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>106</i> ✓
Immediate	<i>General arteria</i>	How long	<i>4 mos.</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Holdsworth
Eckhart Mines
md.

Accident or Suicide

F. F. & W. Co

Lockhart
Cemetery

Name
in
Full

Pansy Edmonds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cumberland* County *Allegany* MARYLAND
Died at
Date of death 1909 *July* *9* Age *22* Months *5* Days *—*
Sex *Female* Color or Race *White* Birth-place *Pa*
Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Charles W. Edmonds* Father's Birthplace *W. Va.*
Mother's Maiden Name *Rebecca Knight* Mother's Birthplace *W. Va.*
Name of person giving Information *Charles W. Edmonds* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *7 months*
Immediate *Exhaustion* How long *Don't know*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. H. White*
Lebanon Address *Cumberland*
Accident or Suicide *Connetquot Pa* *White* *W. Va.*

PHYSICIAN
OR CORONER

1323



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm. Patrick Farley* Town *Little Orleans* County *Allgemeen*
Died at *Little Orleans* MARYLAND
Date of death 190 *9* Month *July* Day *30th* Age *5-2* Years *2* Months *2* Days *2*
Sex *Male* Color or Race *White* Birth-place *Little Orleans*
Occupation *Locomotive Engineer* Where Residing if not at place of death *Little Orleans*
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Patrick Farley* Father's Birthplace *Ireland*
Mother's Maiden Name *Not Known* Mother's Birthplace *"*
Name of person giving Information *Lillie Thompson* How related to deceased *Not Related*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular Disease* How long *Four Years*
Immediate *Cardiac Paralysis* How long *3 Days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Coroner* Address *J. J. Dressman*
Accident or Suicide

Retur. Sec Board Health
Cmt.

Name
in
Full

Annie Hatkin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wale Summit</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i> ^{Month}		<i>7</i> ^{Day}	Age <i>63</i> ^{Years}	<i>5</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>mt Saca</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Wale Summit</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie</i>				
Father's Name <i>Thomas Percy</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Agnes Muir</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving Information <i>Jane Hatkin</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Hemorrhage</i>	How long <i>24 mos.</i>
Immediate <i>Died suddenly</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Fisher</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide	

L
L. F. H. Co

Yale University

Name
in
Full

Miriam Foley (Allegany)

CERTIFICATE OF DEATH

MARYLAND

Died at

Frostburg Md

County

Date
of death

190 9 July

Day

9

Age

Years

86

Months

unknown unknown

Days

Sex

Female

Color or
Race

white

Birth-
place

Virginia

Occupation

House wife

Where Residing if not
at place of death

Frostburg

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Wm Foley

Father's
Name

Ira Burston

Father's
Birthplace

Virginia

Mother's
Maiden Name

Nancy Green

Mother's
Birthplace

Virginia

Name of person giving
information

Wm Burston

How related
to deceased

Brother

CAUSES OF DEATH

14

Primary

Dysentery

How long

10 days

Immediate

Heart Failure

How long

9 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. L. Livingston

Address

Frostburg

Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. F. V. Co.

Percy Semler

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jane Griffith* Town *Frostburg* County *Allegheny*

Died at *Frostburg* *Allegheny* **MARYLAND**

Date of death 1909 *July* *17* Month *July* Day *17* Age *63* Years *4* Months *15* Days

Sex *Female* Color or Race *White* Birth-place *Eckhart Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm Griffith*

Father's Name *John Marshall* Father's Birthplace *Scotland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Scotland*

Name of person giving Information *Wm Griffith* How related to deceased *Son*

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary *Tetanus* How long *2 days*

Immediate *Convulsions* How long *Shriller*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. C. Cober* Address *Frostburg Md*

Accident or Suicide

J. L. & A. Co.

Old Cemetery

Name
in
Full

Bernard Gursen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frostburg ^{County} Allegany MARYLAND

Date of death 1909 ^{Month} July ^{Day} 31 ^{Age} — ^{Years} — ^{Months} 7 ^{Days} —

Sex Male ^{Color or Race} White ^{Birth-place} Frostburg, Md.

Occupation — ^{Where Residing if not at place of death} —

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Morris Gursen

Father's
Birthplace

Russia

Mother's
Maiden Name

Sarah Shearer

Mother's
Birthplace

Russia

Name of person giving
Information

Meyer Gursen

How related
to deceased

Uncle

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

4 weeks.

Immediate

Asthma

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. A. R. Walker.

Address

Frostburg.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William Henry Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middleton</i>		Town <i>allany</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>7</i>		Day <i>21</i>		Age <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>So. Wales</i>		Months <i>3</i>	
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Home</i>		Years <i>8</i>		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Issac Hall</i>		Father's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>Grace Bailey</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving Information <i>Issac Hall</i>		How related to deceased <i>Father</i>					

Due to fall from coal.

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fx Base Skull, clavicle Bone</i>		How long <i>22 hours</i>	
Immediate <i>coma</i>		How long <i>10 hours</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Thomas F. Olesonley</i>	
Accident or Suicide <i>Accident</i>		Address <i>Frostburg, Md.</i>	

F.F.V.C.
H. Gluckie

Name
in
Full

George H. Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Chamberland

MARYLAND

Date

of death 1909

Month

July

Day

16

Age

Years

—

Months

6 -

Days

5

Sex

male

Color or
Race

White

Birth-
place

Chamberland

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Robert Hamilton

Father's
Birthplace

Chamberland

Mother's
Maiden Name

Mary M. Myers.

Mother's
Birthplace

Pa

Name of person giving
Information

Robert Hamilton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

4 months

Immediate

Enteritis

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. R. Hodges

Address

Chamberland, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

32 Emily St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Handinger* Town *Hager* County *Allergany* MARYLAND

Died at *Hager*

Date of death 190*9* Month *7* Day *7* Age *66* Years Months *+* Days *+*

Sex *Male* Color or Race *White* Birthplace *Pa*

Occupation *Farmer* Where Residing if not at place of death *Hager md*

Married, Single or Widowed *married* Name of Wife or Husband *Rebecca*

Father's Name *Ablias Handinger* Father's Birthplace *Pa*

Mother's Maiden Name *P. Valentine* Mother's Birthplace *md*

Names of person giving Information *William Handinger* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cardiac dilitation* How long *2 years*

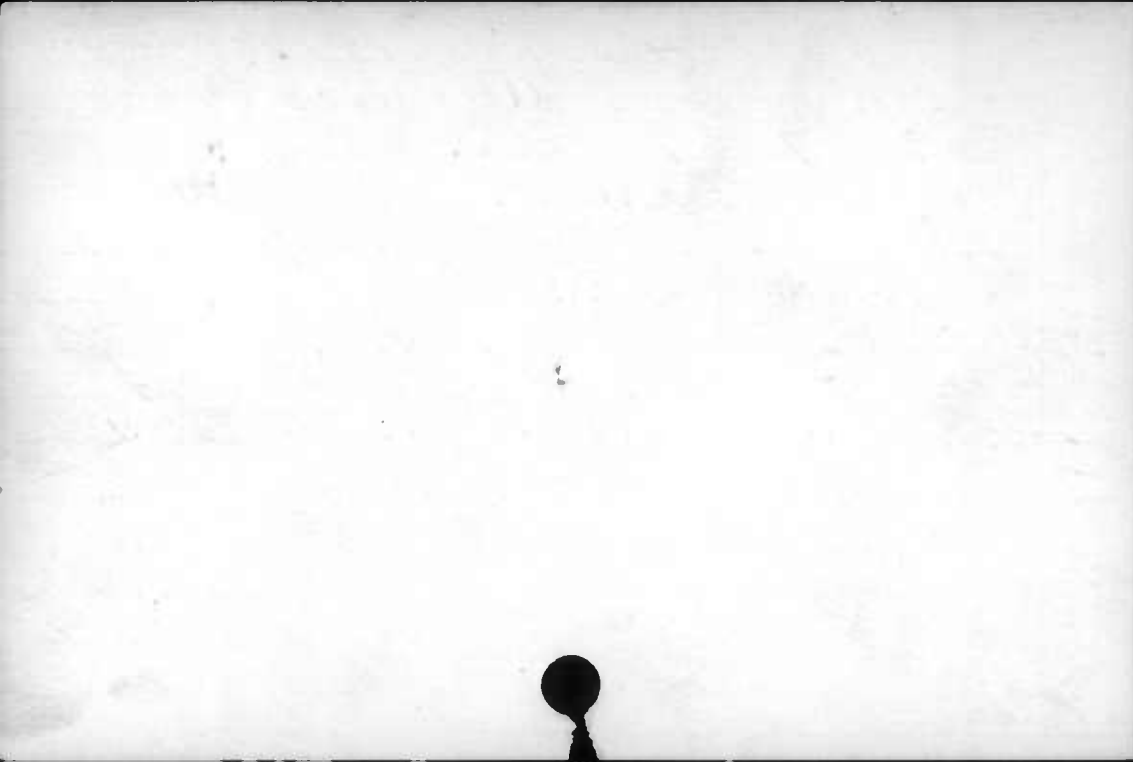
Immediate *Exhaustion* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. R. Hodger*

Address *Cumberland*

Accident or Suicida *Accident*



Name
in
Full

CERTIFICATE OF DEATH

Butterfield
Mrs John Hausrath

Town

County

MARYLAND

Died at

Butterfield

Alleg

Date

of death

1909 July

Day

12

Age

Years

77

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

retired House Keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

John Hausrath

Father's
Name

Greenlee Martin

Father's
Birthplace

Germany

Mother's
Maiden Name

don't know

Mother's
Birthplace

do not know

Name of person giving
Information

Conrad Hausrath

How related
to deceased

Son

CAUSES OF DEATH

Primary

Acute Indigestion

How long

2 days

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. L. Owens M.D.

Address

Crumbel and

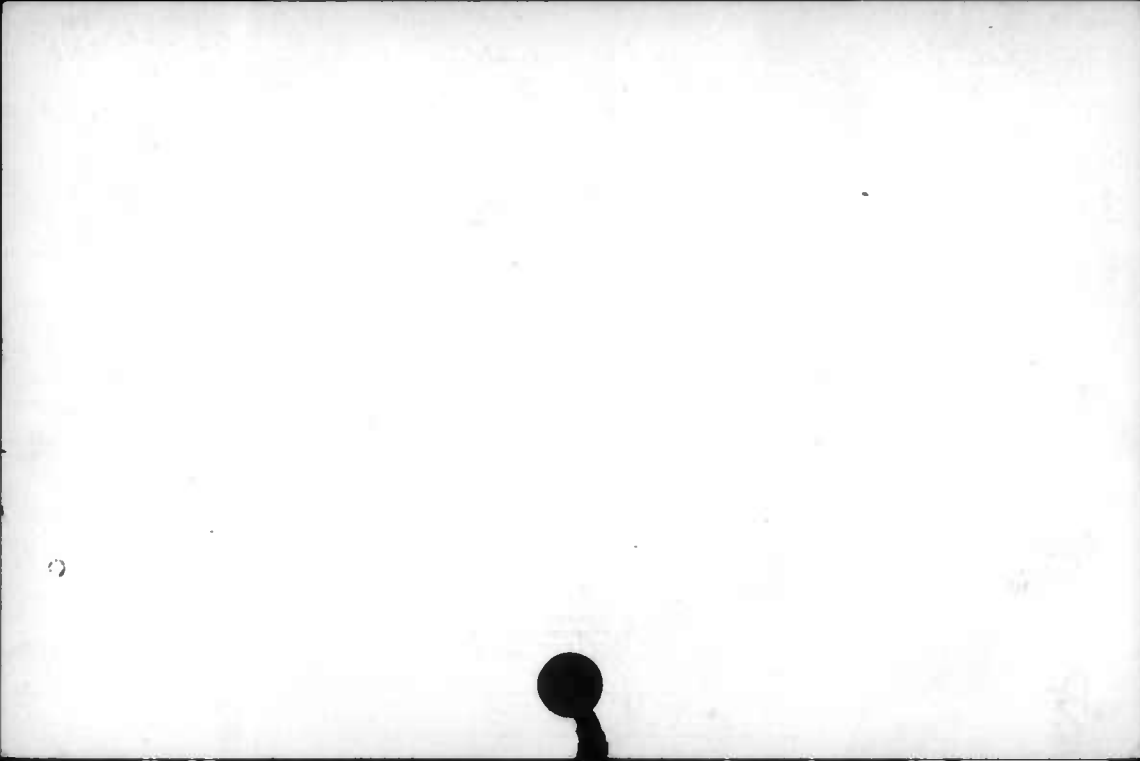
Accident or Suicide

Eckhardt Md.

Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

James Harrison White Hilsdon
Cumb.
Allegheny

MARYLAND

Died at

Date

of death 190

9

Month

7

Day

29

Age

Years

Months

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Cumb.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Benjamin Harrison White

Father's
Birthplace

Mother's
Maiden Name

Lillie F. J. Hilsdon

Mother's
Birthplace

Cumb.

Name of person giving
Information

Laura Hilsdon

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Gastric Enteritis.

How long

3 weeks

Immediate

Exhaustion

How long

Good deal

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. B. Claybrook M.D.

Address

Cumtland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. S. Butler

Raymond.

35-89

Name
in
Full

Christina Elizabeth Hoover

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

N. Branch

Allegheny

Date

of death

1909

Month

July

Day

31

Age

Years

73

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

David Hoover

Father's
Name

J. H. Gerlach

Father's
Birthplace

Germany

Mother's
Maiden Name

Do not know

Mother's
Birthplace

"

Name of person giving
Information

Marie E. Bloss

How related
to deceased

Daughter

CAUSES OF DEATH

14

Primary

Old age + Dysentery

How long

1 week

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. J. F. [Signature]
Lebanon
Md

Address

PHYSICIAN
OR CORONER

Signature of Surgeon

3 Blacknight
Dora Cooper North Wintbury
Rachael Bloss 311 Bunt
Marie E 11 11 11

Tuesday at 11

Billum 300 Mottu

Name
in
Full

Alice Houser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumda</i>		County <i>Allegh</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>2</i>	Age <i>42</i>	Years <i>8</i>	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Ma</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>So Cumda</i>		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband		<i>Chas Houser</i>		
Father's Name	<i>Louis Hamilton</i>				Father's Birthplace	<i>D.K.</i>	
Mother's Maiden Name	<i>Margaret</i>				Mother's Birthplace	<i>D.K.</i>	
Name of person giving Information	<i>Chas Houser</i>				How related to deceased	<i>Husband</i>	

Morphine habitue

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

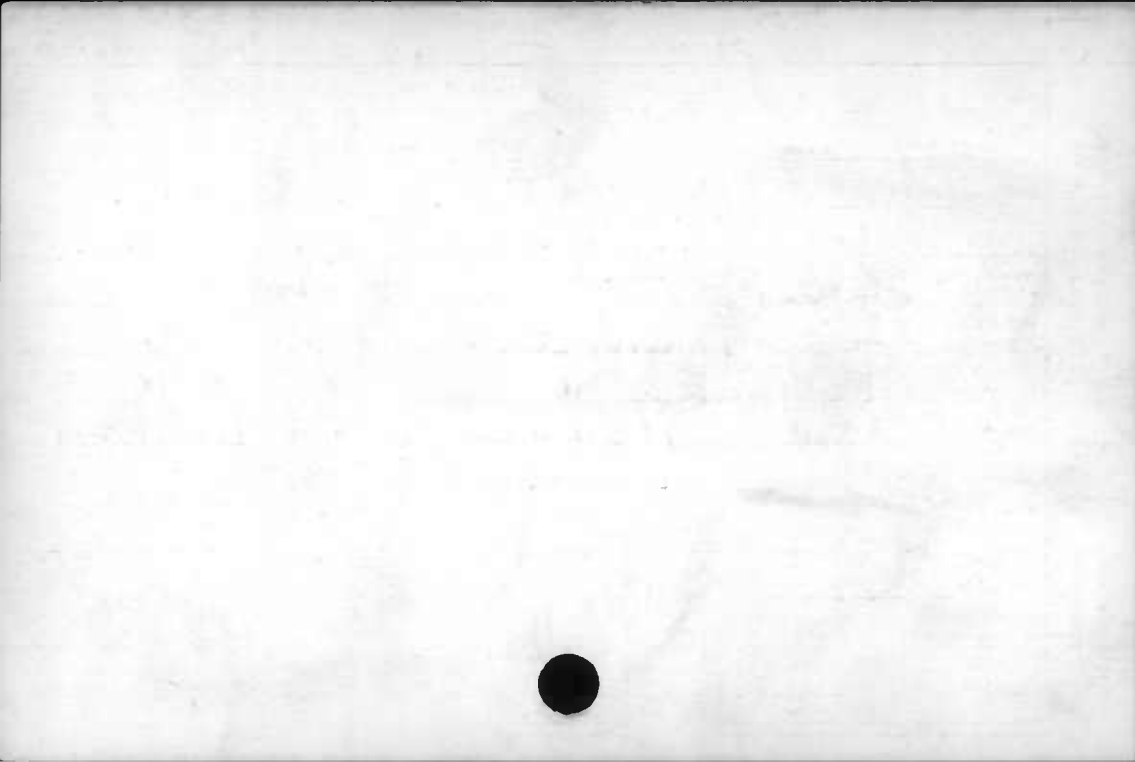
Primary	<i>Over dose Morphine poison</i>	How long	<i>self-administered</i>
Immediate	<i>Exhaustion</i>	How long	

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *John J. Dressman*
Address *Coroner*

Accident or Suicide

Old town, Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William F Huff* Town *Cumberland* County *Alleghany* MARYLAND

Died at *Cumberland* Date of death 1909 *7* Month *29* Day *61* Age *61* Years Months Days

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Huff*

Father's Name *Jasper Huff* Father's Birthplace *md*

Mother's Maiden Name *Rubby* Mother's Birthplace *md*

Name of person giving Information *J. I. Huff* How related to deceased *Son*

CAUSES OF DEATH

64

2

PHYSICIAN
OR CORONER

Primary *Congestion of Brain & Paralysis* How long *2 days*

Immediate *exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. Broadbent*

Address *Cumberland*

Accident or Suicide *No*

3590.

Name
in
Full

Margaret, C. Hull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	<i>Irish Farm</i>	County	<i>Berkley Co.</i>	State	<i>West Va</i> MARYLAND
Date of death	190 <i>7</i>	Month	<i>July</i>	Day	<i>1</i>
Age	<i>39</i>	Years		Months	<i>6</i>
Sex	<i>Female</i>	Color or Race	<i>White,</i>	Birth-place	<i>Conoverhague</i>
Occupation	<i>Housekeeper</i>	Where Residing if not at place of death	<i>_____</i>		
Married, Single or Widow	<i>Married</i>	Name of Wife or Husband	<i>N. Frank Hull.</i>		
Father's Name	<i>James Koon</i>	Father's Birthplace	<i>Near Balt</i>		
Mother's Maiden Name	<i>Mary Boyd</i>	Mother's Birthplace	<i>Hagers town</i>		
Name of person giving Information	<i>D. F. Hull.</i>	How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Placental Peria</i>	How long	
Immediate	<i>Septicemia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ernest W. Edister</i>
		Address	<i>Williamsport</i>
Accident or Suicida			

J. F. Kreps. Undertaker
interment. St. Paul. Cemetery
date of interment July 3rd 1909.

Name
in
Full

Carl H. Hyatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brimfield Town Allegheny County MARYLAND
Date of death 1909 July Month 26 Day 21 Age — Years — Months — Days
Sex male Color or Race White Birth-place Pa
Occupation Tailor Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name William A. Hyatt Father's Birthplace Pa
Mother's Maiden Name Margaret A. Horsing Mother's Birthplace Pa
Name of person giving Information J. H. Conway How related to deceased Brother in Law

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary Pathologic Disease, Nephritis How long Months
Immediate Exhaustion How long weeks
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician F. W. Fochman
Address Fochman
Accident or Suicide —

Confluence Somerset Co
Pa.

Tram 15 -

Leaving are. 67 =
new Brink

3583

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Irvine
Town County

Died at Cumberland All
Month Day Years

MARYLAND

Date of death 1909 July 11 Age — Months — Days

Sex Female Color or Race White Birth-place Md
Occupation

Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Harry J Irvine

Father's Birthplace Pa

Mother's Maiden Name Sophia Sibley

Mother's Birthplace Md

Name of person giving Information Harry J Irvine

How related to deceased Father

CAUSES OF DEATH

Primary Still born, result of
Immediate placental hemorrhage

How long

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

James T. Johnson, M.D.
Cumberland Md.
Johnson

Accident or Suicide



Name
in
Full

Robert Jas Irwin

CERTIFICATE OF DEATH

Died at ^{Town} Cumberland ^{County} Alleghany MARYLANDDate of death 1909 ^{Month} July ^{Day} 23 ^{Years} Age 3 ^{Months} ^{Days} 14Sex Male ^{Color or} Race white ^{Birth-} place FrostburgOccupation ^{Where Residing if not} at place of death FrostburgMarried, Single or Widowed Single ^{Name of Wife or} HusbandFather's Name Arthur J. Irwin ^{Father's} Birthplace Phila PaMother's Maiden Name Hollie Snyder ^{Mother's} Birthplace FrostburgName of person giving Information Mrs R J Irwin ^{How related} to deceased Mother

CAUSES OF DEATH

Primary ^{How long} 108 obstruction bowel - 2 daysImmediate ^{How long} appendicitis 30hAre the name, age, sex, color, date, end place correctly given above? ^{Signature of} Physician J. M. Bruck^{Address} Frostburg Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. Hager
Arcy Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chas. S. Jones

Town

County

MARYLAND

Died at

Cumberland

Alleghany

Date

of death

1909 July

Day

20

Age

Years

17

Months

Days

Sex

Male

Color of
Race

White

Birth-
place

Echert.

Occupation

None

Where Residing if not
at place of death

Echert.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Daniel R. Jones

Father's
Birthplace

Springfield, Va

Mother's
Maiden Name

Rullie E. Kneibrenner

Mother's
Birthplace

Mt Savage Md

Name of person giving
Information

Daniel R. Jones

How related
to deceased

Father

CAUSES OF DEATH

13

Primary

Cholera Morbus

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. V. Demming

Address

134 N. Center St

Accident or Suicide

Stomach

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Kings
Died at Baltimore County Alleg
Date of death 1909 July 14 Age 1 Months 1 Days 1
Sex Male Color or Race White Birth-place Ind
Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Chester King Father's Birthplace Wt + So
Mother's Maiden Name Margaret Goetz Mother's Birthplace Ind
Name of person giving Information Chester King How related to deceased Father

CAUSES OF DEATH

Primary Premature birth

How long 151

Immediate

How long —

Are the name, age, sex, color, date and place correctly given above?

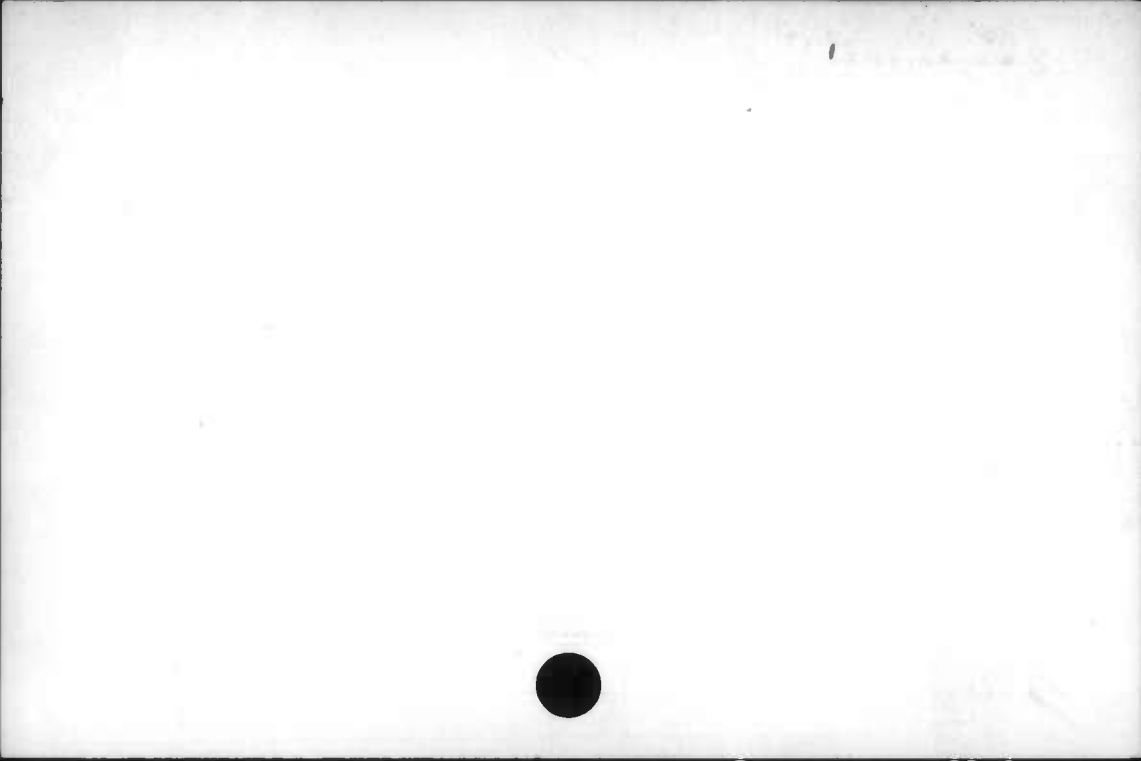
Stein.

Signature of Physician

Address

W. N. Wiley.
Baltimore, Md
Wiley

Accident or Suicide



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

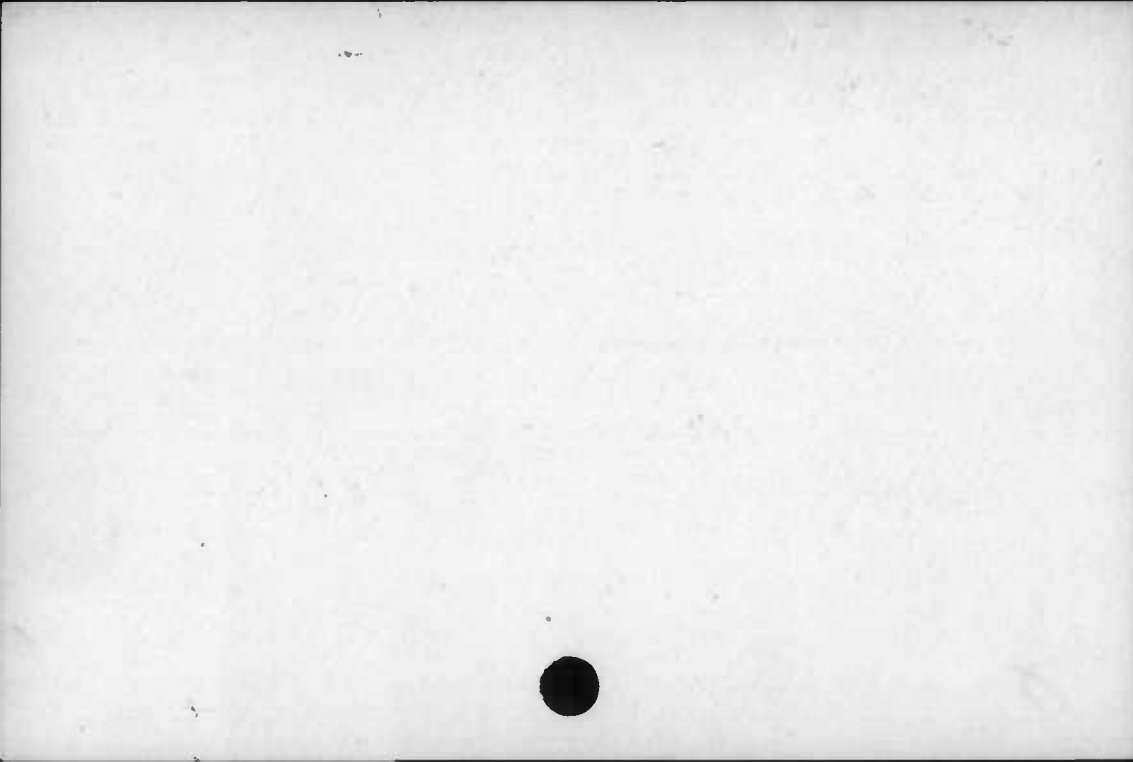
MARYLAND

Died at <i>Baltimore</i> Town		<i>Allegany</i> County			
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>17</i>	Age <i>35</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Boston</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Hugh Livingston</i>				
Father's Name <i>Charles Edwards</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Sarah Longridge</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Hugh Livingston</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

14

Primary <i>Acute Dysentery</i>	How long <i>Three weeks</i>
Immediate <i>Peritonitis and uncontrollable diarrhea</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Killing M.D.</i>
	Address <i>Linnconing</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Phillipp Isaac Long

Died at *Frostburg* ^{Town} *Ally* ^{County} **MARYLAND**

Date of death 190 *9* Month *7* Day *6* Age *3* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Frostburg*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *—* Name of Wife or Husband *Phillipp*

Father's Name *Phillipp Long* Father's Birthplace *W. Va.*

Mother's Maiden Name *Annie Haus* Mother's Birthplace *" "*

Name of person giving Information *Phillipp Long* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long *6 weeks*

Immediate *Diphtheria* How long *2 days*

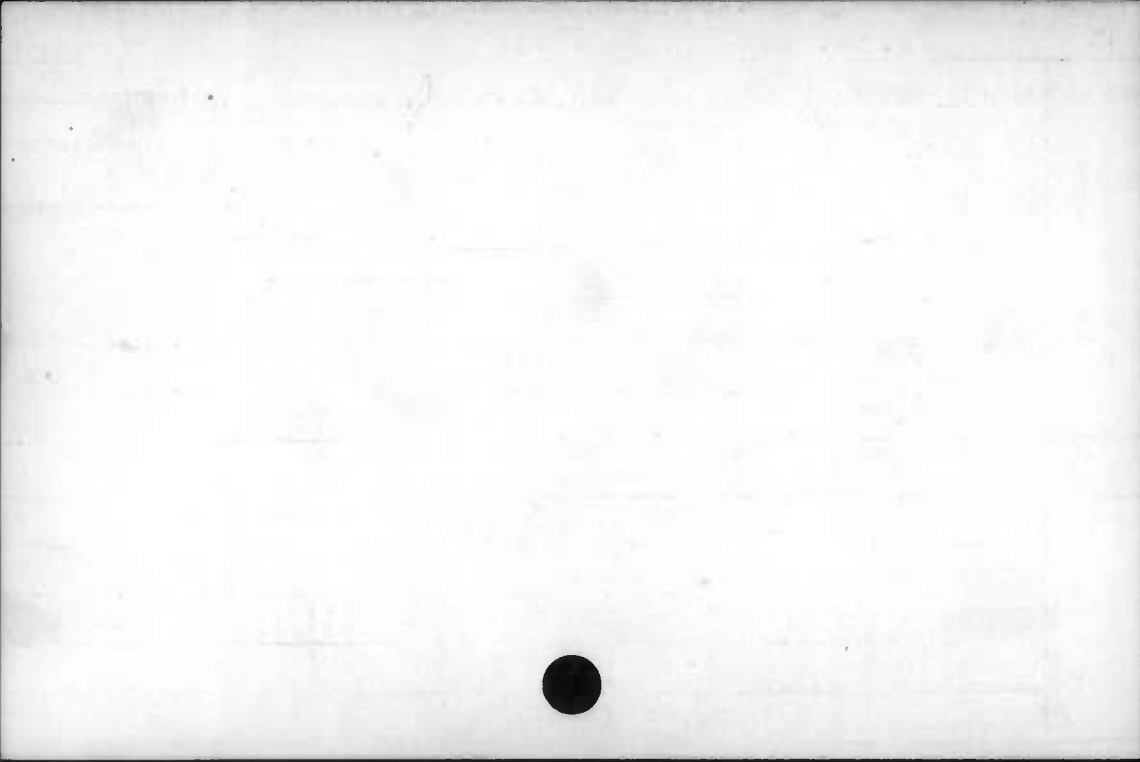
Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *J. H. Smith* Address *Frostburg Md*

Accident or Suicide _____

M^o Luckie's Cemetery.

Name in Full		William Raymond McKenzie				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Town Cumberland		County Allēgany		MARYLAND			
	Date of death	1909	Month 7	Day 7	Age Years 2	Months ---	Days 26	
	Sex	Male		Color or Race	White		Birth- place	Md.
	Occupation ---			Where Residing if not at place of death -----				
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name			Allen McKenzie		Father's Birthplace		Md.
	Mother's Maiden Name			Teresa Metz		Mother's Birthplace		Md.
Name of person giving Information			Mother T. McK.		How related to deceased			
				CAUSES OF DEATH		(61) ✓		
PHYSICIAN OR CORONER	Primary		Cerebro-Spinal Meningitis			How long		3 weeks
	Immediate		Exhaustion			How long		1 day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. L. Owens M.D.	
					Address		Cumberland Md.	
		Accident or Suicide?						



Name
in
Full

Lecelia Boyd Mc Hair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Lonaconing County Allegheny

Died at Lonaconing Allegheny MARYLAND

Date of death 1909 July 8 Age 2 Months 6 Days

Sex Female Color or Race White Birth-place Lonaconing

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Douglas Mc Hair

Father's Birthplace Scotland

Mother's Maiden Name Jean Yule

Mother's Birthplace Scotland

Name of person giving Information Christ Douglas Mc Hair

How related to deceased Sister

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Did not eat this case until after death. Probably cholera infantum

Immediate infantum

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Henry M. Hodgson
Address Lonaconing, Md.

Accident or Suicide No



Name
in
Full

Elizabeth Dixon Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

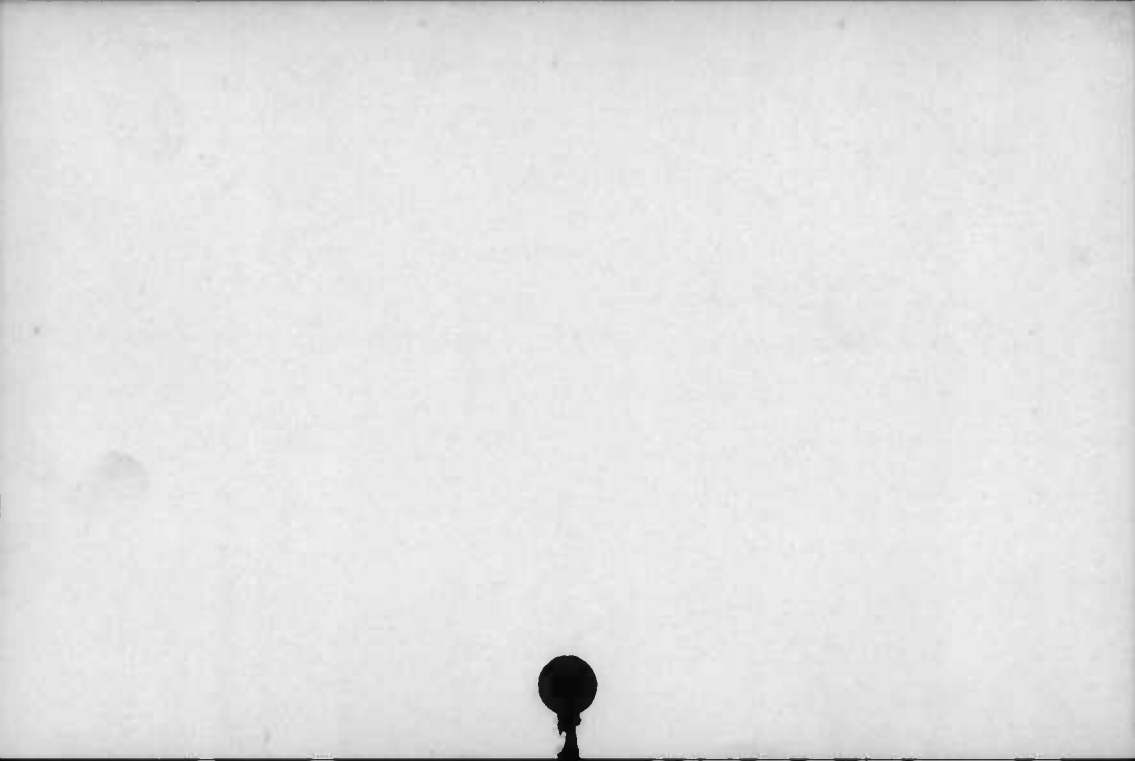
Died at <i>Sonoma</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>July</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>44</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Sonoma</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of W Husband <i>Minor Martin</i>				
Father's Name <i>Thomas Dixon</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Mary Bell</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Mrs Greenhorn</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemiplegia</i>	How long <i>3 1/2 weeks</i>
Immediate <i>Paraplegia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock, Jr.</i>
	Address <i>Sonoma Maryland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Edna E. Martz

Town

County

MARYLAND

Died at

Cumberland Dec 9

Date

of death

1909

Month

July

Day

25

Age

Years

1

Months

3

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Cumda

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

John Martz

Father's
Birthplace

Cumda

Mother's
Maiden Name

Viola Hager

Mother's
Birthplace

"

Name of person giving
Information

"

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Whooping cough.

How long

4 Weeks

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Thos. B. Lewis

Address

Cumda Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide

3079

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Edward Mills*
Town *Cumberland* County *Alleg*

Date of death *1909 July 31* Age *51* Months *—* Days *—*

Sex *male* Color or Race *Colored* Birth-place *Va*

Occupation *Cook* Where Residing if not at place of death *—*

Married, Single or Widowed *Divorced* Name of Wife or Husband *D.K.*

Father's Name *Dont know* Father's Birthplace *D.K.*

Mother's Maiden Name *" "* Mother's Birthplace *D.K.*

Name of person giving Information *Mary Mitchell* How related to deceased *none*

CAUSES OF DEATH

27

Primary *Tuberculosis of lungs* How long *38 days*
Immediate *exhaustion* How long *6 days*

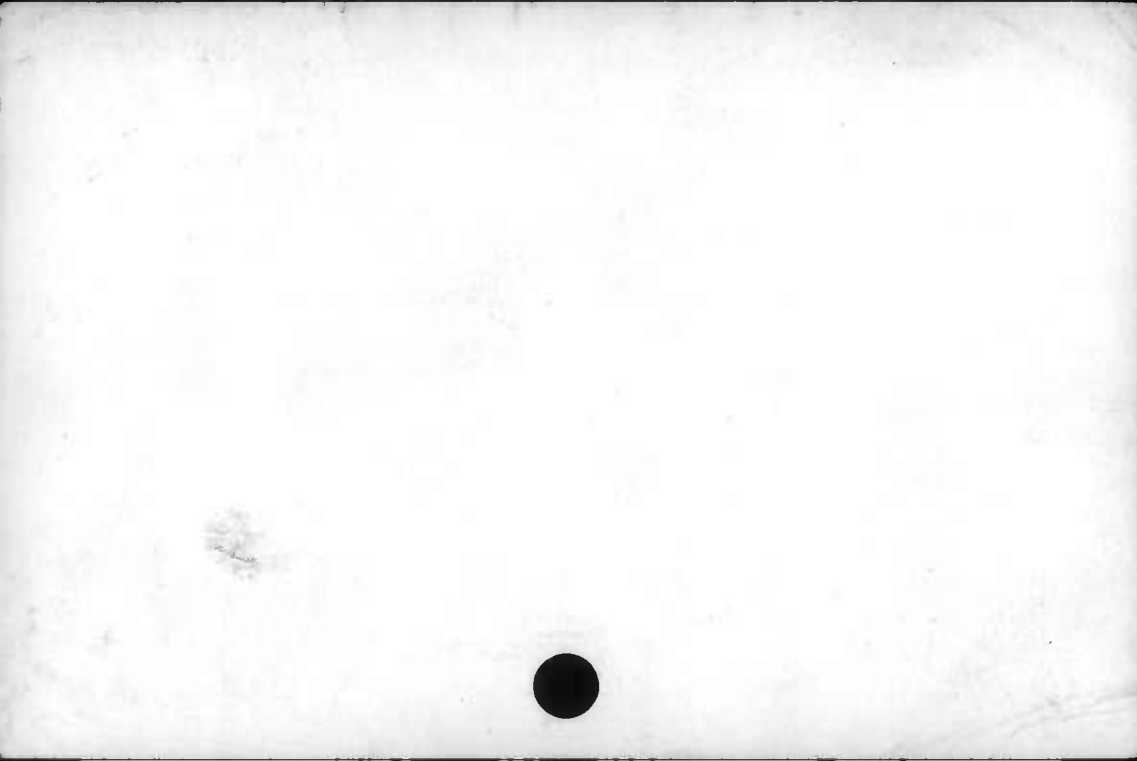
Are the name, age, sex, color, date and place correctly given above?

Stunt *yes*

Signature of Physician *Shurgeon Dean*
Address *# 104 N. Mechanic*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Scott Herbert Morgan

Died at

Flintstone R.F.D. #2

County

Allegheny

MARYLAND

Date

of death 1909

Month

July

Day

23

Years

Age 37

Months

10

Days

Sex

Male

Color or
Race

White

Birth-
place

Neri Md.

Occupation

Laborer

Where Residing if not
at place of death

Flintstone R.F.D. #2

Married, Single
or Widowed

Married

Name of Wife or
Husband

Harry Ellen Barnes

Father's
Name

Samuel C. Morgan

Father's
Birthplace

Neri Md

Mother's
Maiden Name

Mary C. Robertson

Mother's
Birthplace

Nifer Md.

Name of person giving
Information

Franklin H. Morgan

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Bursting of bldgng wheel
Accident

How long

166

Immediate

Hemorrhage from Femoral artery But a few min

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. P. Twigg

Address

Flintstone
Md.

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

35-75-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Neubeiser
Died at Cumberland County, Maryland
Date of death 1909 July 3 Age 1
Sex male Color or Race White Birth-place Cumberland
Occupation None Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Louis Neubeiser Father's Birthplace Germany
Mother's Maiden Name Bertha Coleman Mother's Birthplace Ind.
Name of person giving Information Louis Neubeiser How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inanition How long 1 mo
Immediate Spasms How long 12 hours
Are the name, age, sex, color, date end place correctly given above? Yes
Signature of Physician A. H. Braceon
Address Cumberland Ind.
Accident or Suicide



Name
in
Full

Louise Noonan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Midway		County Allegheny		MARYLAND	
Date of death		Month 1909	Day July	Age 22 nd	Years 2	Months 9	Days
Sex Female		Color or Race White		Birth-place Midway			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John Noonan				Father's Birthplace	
Mother's Maiden Name		Adella O'Connor				Mother's Birthplace	
Name of person giving Information		John Noonan				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

2 weeks

Immediate

Acute Suppurative furia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. Alan G. Murray

Address

Midway

Accident or Suicide

Accid



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Norris

Town

County

MARYLAND

Died at Cumberland

Alleg.

Date of death 1909 July

Month

Day

Age 42

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Pa.

Occupation

Laborer

Where Residing if not
at place of death

near Barreelsville m.d.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Bell. Norris

Father's
Name

James Norris

Father's
Birthplace

Piney Grove Md.

Mother's
Maiden Name

Mary Hanksley

Mother's
Birthplace

20 " " " "

Name of person giving
Information

L.S.S. Gordon

How related
to deceased

Son in Law

CAUSES OF DEATH

166

How long

Primary

brushed under falling rock

Immediate

Shock following paralyzing stroke

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. A. Hails M.D.

Address

Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide

Accident

sapo

6 chilam

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. After
Died at Eekhout Town Alley County MARYLAND

Date of death 1909 July 17 Age 12
Sex M Color or Race W Birth-place Eekhout Md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Patrick After Father's Birthplace Germany
Mother's Maiden Name Lizzie Brubaker Mother's Birthplace Eekhout Md
Name of person giving information J. W. After How related to deceased J. W.

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Brucella How long 5 days
Immediate 11 How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician J. W. After
Address Freshly Md

Accident or Suicide? _____

F.F.V. TCs
Catholic

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Godfrey O'Hara</i>		County <i>Allingham</i>		MAYLAND	
Died at <i>Cumtland</i>		Town <i>Cumtland</i>			
Date of death 190 <i>9</i>		Month <i>7</i>	Day <i>7</i>	Age <i>20</i>	Years <i>20</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtland Md</i>	
Occupation <i>X</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>M. Ray Jones</i>			
Father's Name <i>Jas. E. O'Hara</i>		Father's Birthplace <i>Eckard, Md</i>			
Mother's Maiden Name <i>M. Ray Jones</i>		Mother's Birthplace <i>Chambersville Pa</i>			
Name of person giving information <i>"</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

Primary *Premature birth*

How long *age in utero*

7 months

How long

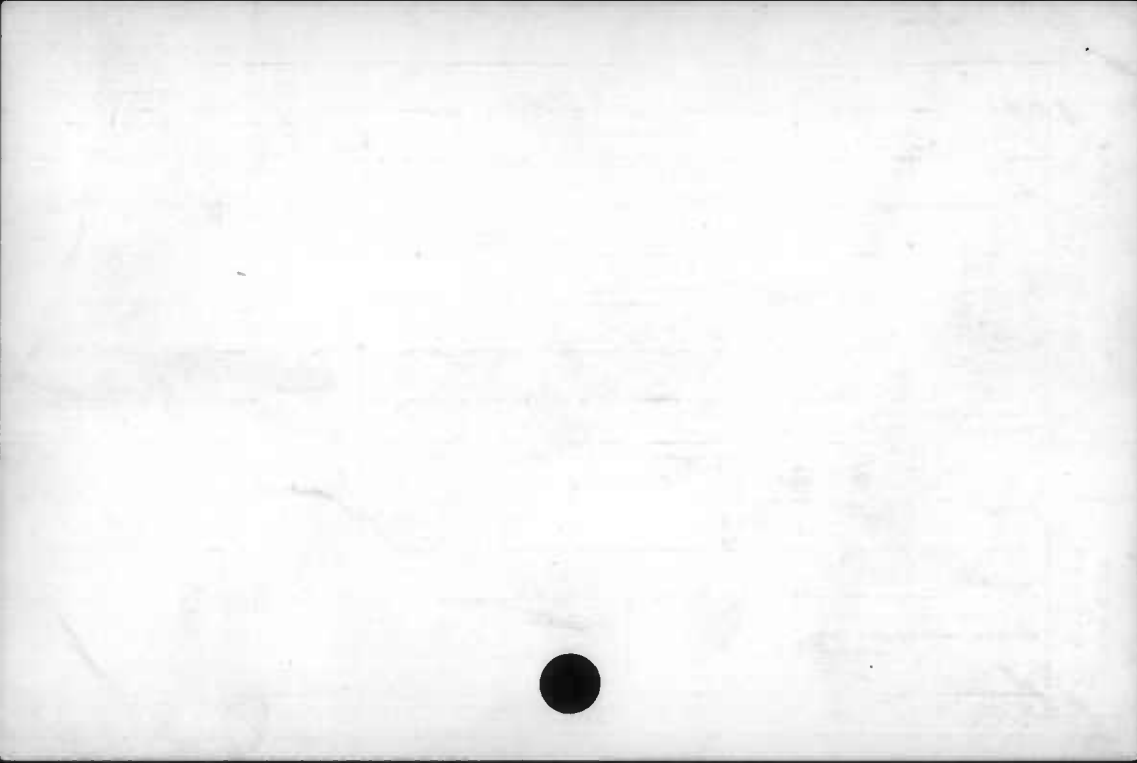
Immediate " "

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide *X*PHYSICIAN
OR CORONER



Name
in
Full

Patrick O'Neill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lumbland</u> ^{Town} <u>Alleghany</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>22</u> ^{Day} Age <u>73</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days}			
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Limerick Ireland</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>James O'Neill</u>	Father's Birthplace <u>Limerick Ire.</u>		
Mother's Maiden Name <u>E. H. Welsh</u>	Mother's Birthplace <u>Ireland</u>		
Name of person giving Information <u>Michael O'Neill</u>	How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

40

Primary <u>Cancer of stomach</u>	How long <u>1 year</u>
Immediate <u>& metastasis</u>	How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thos. W. H. H. H.
Address Lumbland
md

Accident or Suicide

PHYSICIAN
OR CORONER

1
Koon

35-73

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie Plucher* Town *Lord* County *Allegheny* MARYLAND

Died at *Lord*

Date of death *1909* Month *July* Day *21* - Age *—* Years Months Days *18*

Sex *Female* Color or Race *White* Birth-place *Lord md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harry Plucher* Father's Birthplace *Austria*

Mother's Maiden Name *Mary Stonemaugh* Mother's Birthplace *Austria*

Name of person giving Information *Harry Plucher* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Enteric Colitis acute -* How long *4 days*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James C. (Pullock md)
Louisa, Maryland

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Mary ~~Esther~~ Porter

Town

County

MARYLAND

Died at Cumberland

all day

Date
of death 1909

Month

Day

Years

Months

Days

Age 29

Sex Female

Color or
Race

White

Birth-
place

Frostburg

Occupation

Bookkeeper

Where Residing if not
et place of death

Cumberland

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Thomas G Porter

Father's
Birthplace

Frostburg

Mother's
Meiden Name

Mary Decker

Mother's
Birthplace

Boonton

Name of person giving
Information

Thomas Porter

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Primary Pulmonary Tuberculosis

How long

10 yrs

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

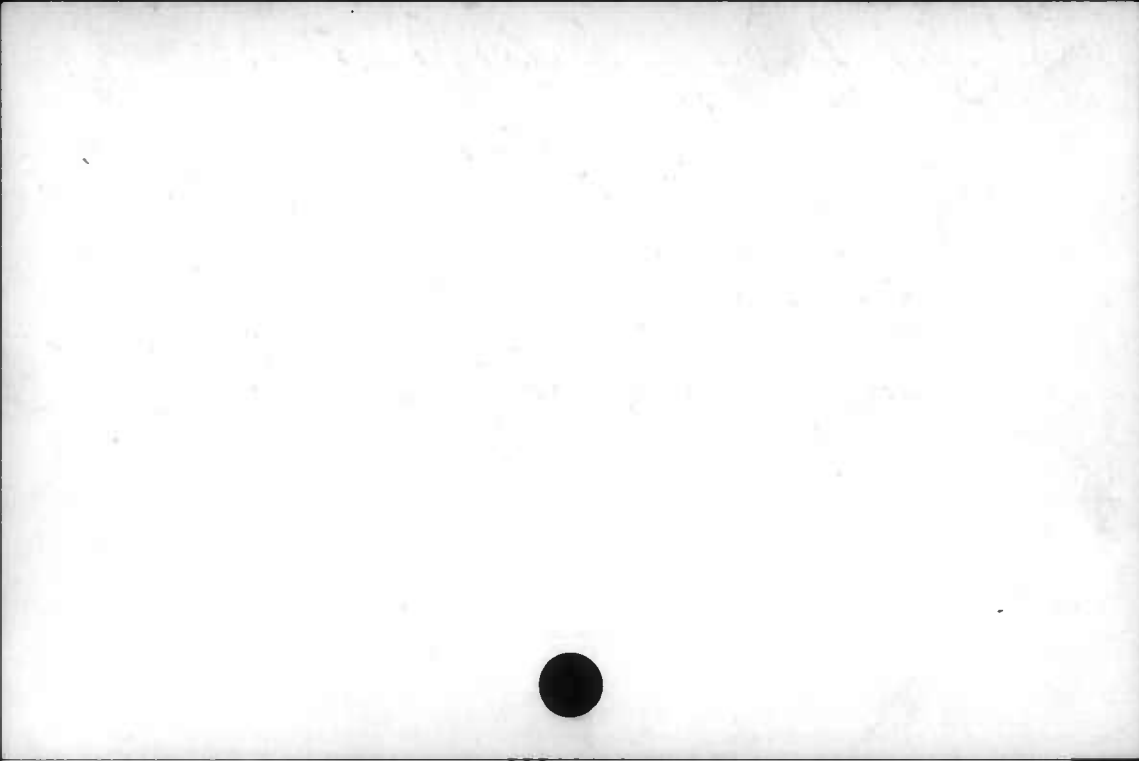
E. B. Claybrook

Address

Cumberland Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		9	July	48	16	76	
Sex	Male	Color or Race	White	Birthplace	Ind. Laury		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Katherine Race				
Father's Name	Justus Race			Father's Birthplace	Germany		
Mother's Maiden Name	Elizabeth Deibel			Mother's Birthplace	Pa		
Name of person giving Information	Justus Race			How related to deceased	Father		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Pericarditis Anomala		How long	8 hrs's
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. C. Corley
	No		Address	Fruitburg
Accident or Suicide				

J. F. V. & Co

G. L.

Name
in
Full

Infant of Mathew Rahrig

CERTIFICATE OF DEATH

Town

County

Died at Cumberland,

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

7

28

Age

I

Sex

Female

Color or
Race

White

Birth-
place

Cumb. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mathew Rahrig

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary O'Malley

Mother's
Birthplace

Pa.

Name of person giving
information

Mary Rahrig

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

Premature birth

How long

6 Mos.

~~XXX~~

Immediate

Connate weakness

How long

2 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

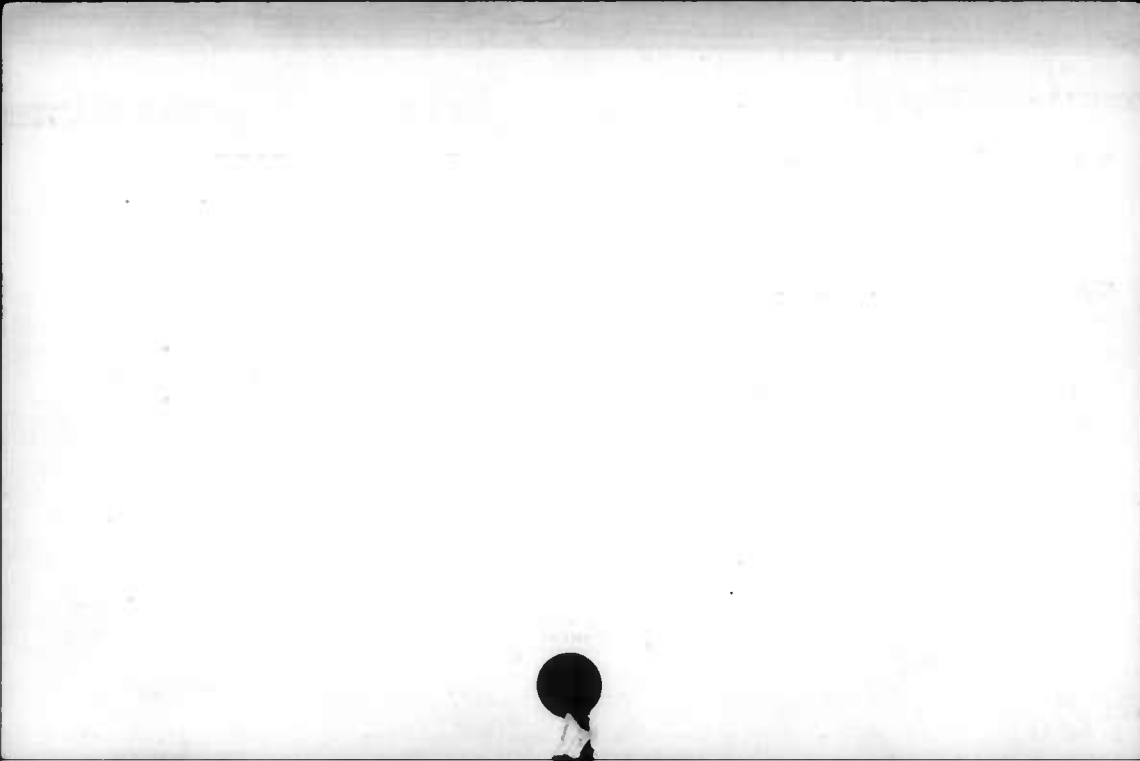
A. D. Lankin
Cumberland
Md.

Accident or Suicide

J. W. J. L. W.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at

Mr A. T. Ralston
Cumberland allgany

MARYLAND

Date
of death

1907

Month

7

Day

25

Age

Years

36

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Orithuan

Occupation

Labor

Where Reaiding if not
at place of death

Cumberland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Marnia Cooper

Fethar's
Name

G. E. Ralston

Father's
Birthplace

W. Va

Mother's
Maiden Name

Larna Ralston

Mother's
Birthplace

W. Va

Name of person giving
Information

G. E. Ralston

How related
to deceased

Brother

CAUSES OF DEATH

166

Primary

Shoulder & Chest & arm crushed

How long

10 hours

Immediate

Hemorrhage

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. R. Hodges M.D.

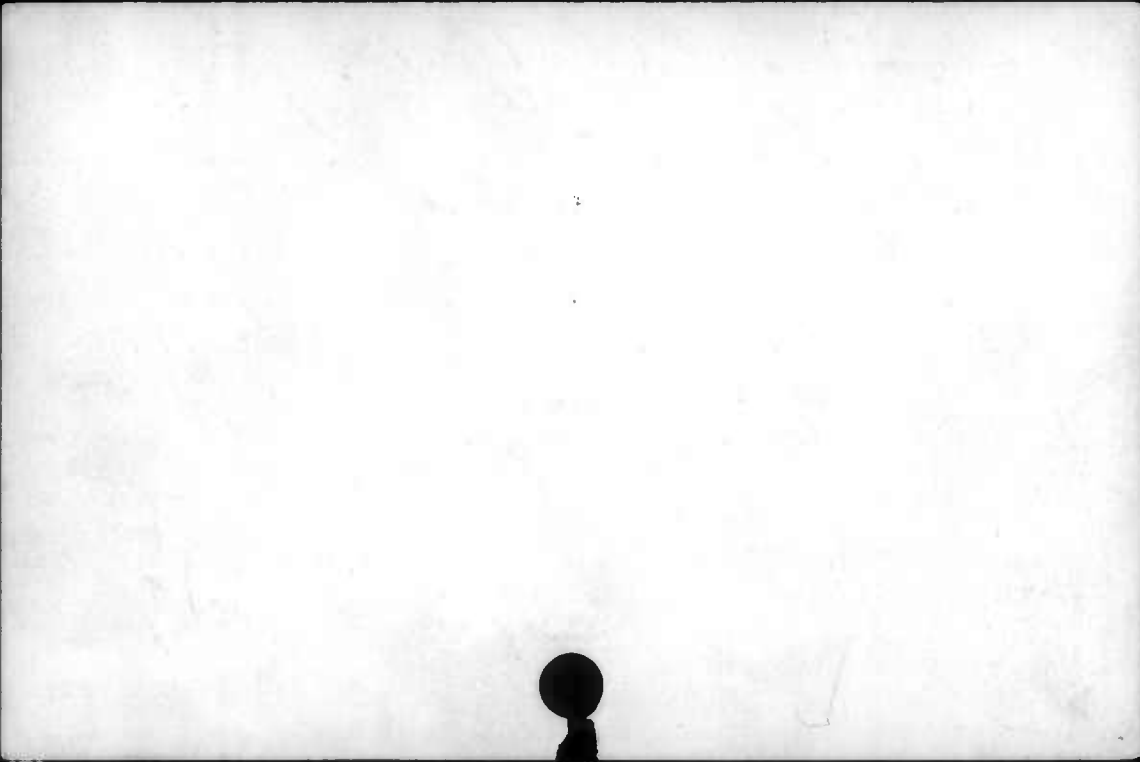
Address

Cumbeuland

PHYSICIAN
OR CORONER

TO BE ANSWERED BY
NEAREST FRIEND

Accident or Suicide
Railroad Accident



Name
in
Full

Elder b Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Exmouth* Town *Alleg* County
 Date of death 190*9* Month *July* Day *17* Age *1* Years *6* Months *6* Days
 Sex *Male* Color or Race *Colored* Birth-place *Md*
 Occupation *none* Where Residing if not at place of death *none*

Married, Single or Widowed *Single* Name of Wife or Husband *none*
 Father's Name *William Rhodes* Father's Birthplace *Md*
 Mother's Maiden Name *Elenor Johnson* Mother's Birthplace *Md*
 Name of person giving Information *William Rhodes* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera infantum* How long *11 days*
 Immediste *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

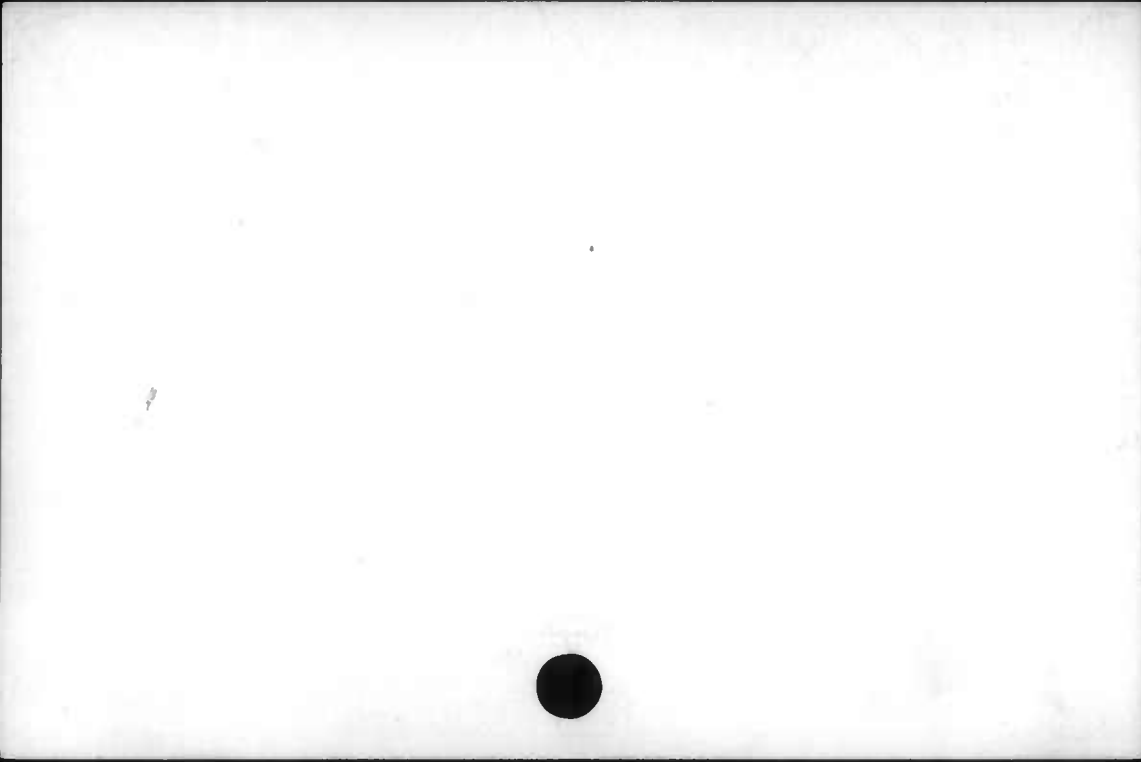
Surgeon Shands

Address

#104 N. Mechanic

Accident or Suicide

*none**Shands*PHYSICIAN
OR CORONER



Name
in
Full

Donaldson Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

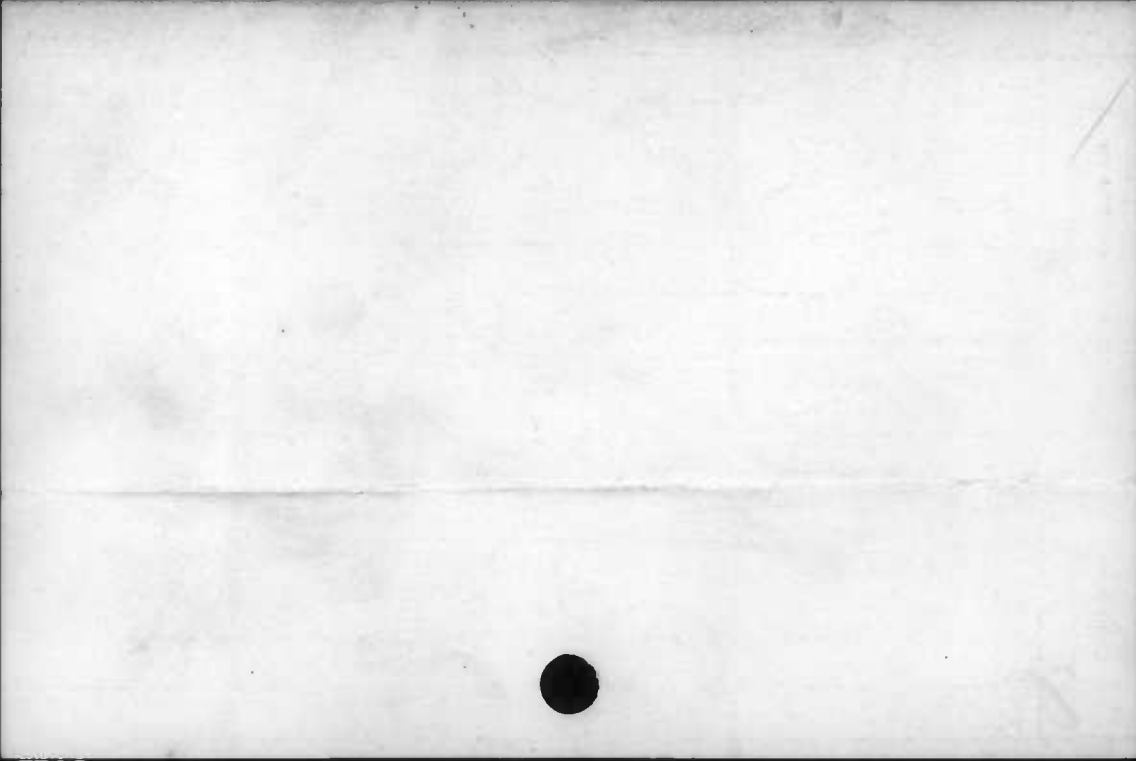
Died at <i>McCool</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>59</i> <small>Years</small>	<i>10</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>American</i>	Birth-place <i>Sandy Hook Md</i>			
Occupation <i>Engineer B & O</i>	Where Residing if not at place of death <i>McCool</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura Walters Rice</i>				
Father's Name <i>James W. A. Rice</i>	Father's Birthplace <i>Frederick Co Md</i>				
Mother's Maiden Name <i>Sarah A. Donaldson</i>	Mother's Birthplace <i>Sandy Hook Md</i>				
Name of person giving information <i>Laura A. Rice</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>about 8 months</i>
Immediate <i>" " "</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Hoffmann</i>
	Address <i>Kaysan W Va</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Lillian Virginia Reed

Town

County

MARYLAND

Died at

Cumtunda Alleg

Date

of death

1909

July

16

Age

Years

Months

Days

6

Sex

Female

Color or
Race

White

Birth-
place

New York

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Charles Francis Reed

Father's
Birthplace

England

Mother's
Maiden Name

Elizabeth Kate Richards

Mother's
Birthplace

England

Name of person giving
Information

Chas T. Reed

How related
to decedent

Father

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

10 day

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

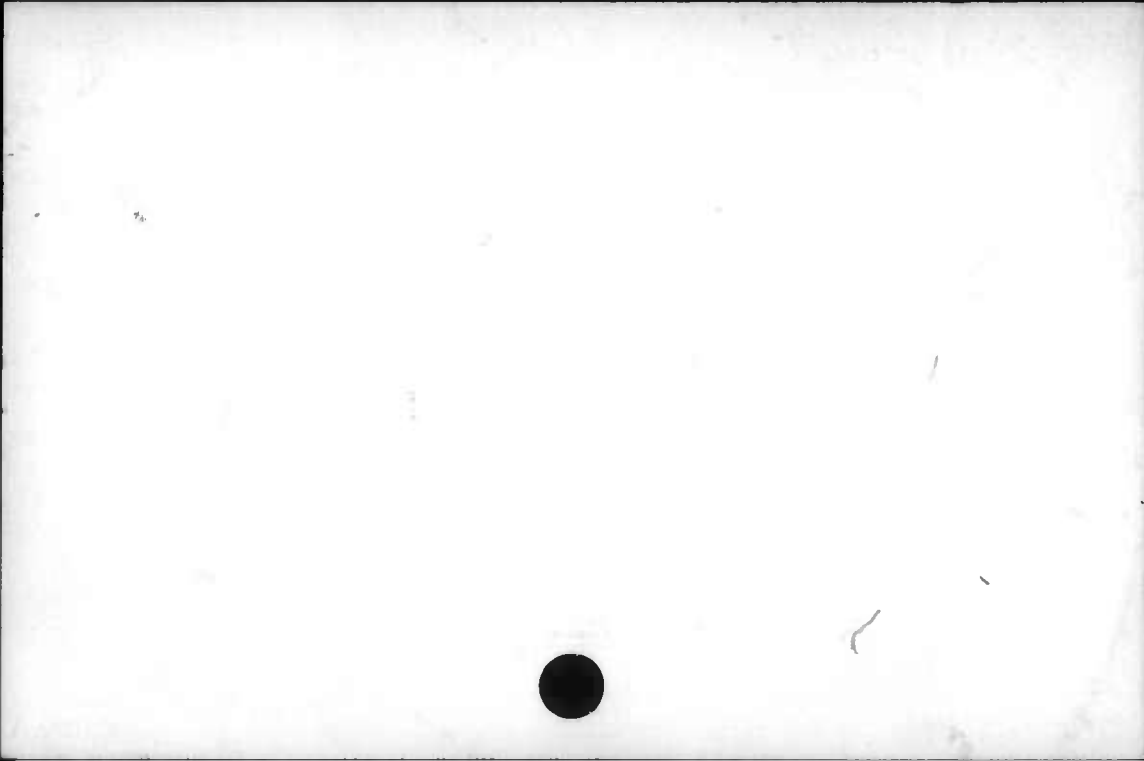
Thad. H. Low

Address

Cumtunda Alleg
Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

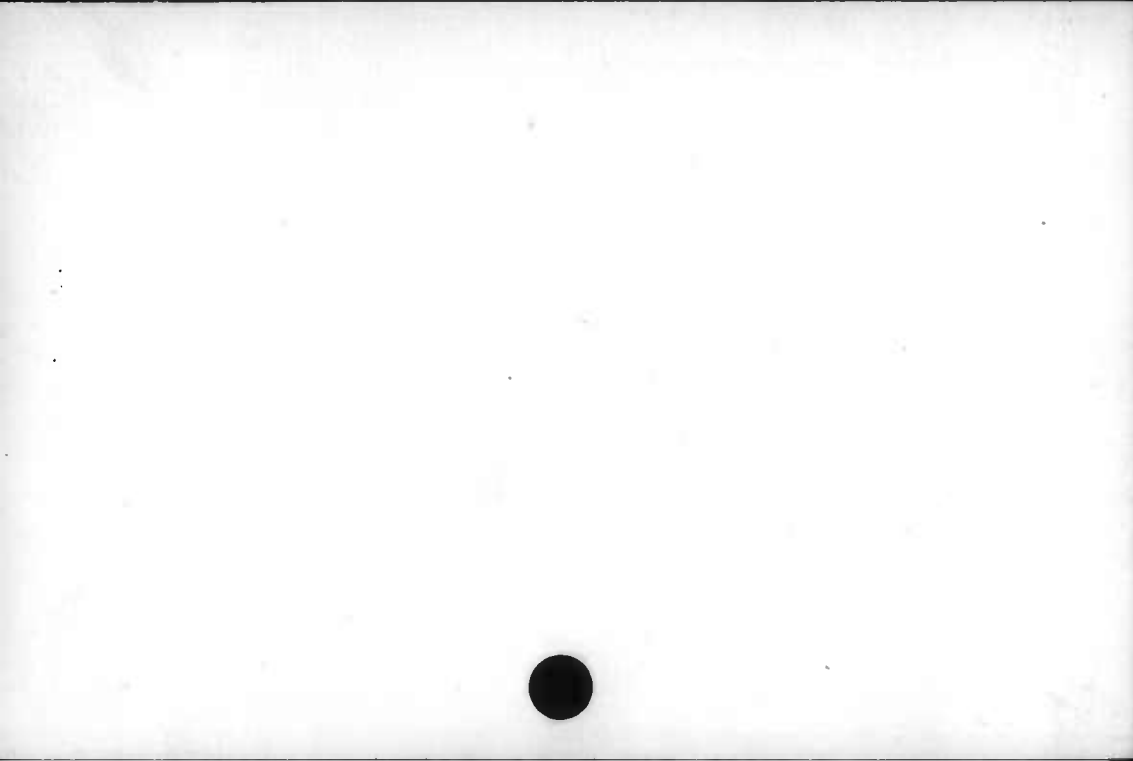
Name: Joseph Ruston County: Alleg.
 Died at: Neary Coud Town: Alleg.
 Date of death: 1909 Year: July Month: 12 Day: 78 Age: 78 Years: 1 Months: — Days: —
 Sex: Male Color or Race: White Birth-place: England
 Occupation: None Where Residing if not at place of death: —
 Marriad, Singla or Widowad: Married Name of Wife or ~~Husband~~: Sarah Ruston
 Fathar's Name: Thos Ruston Fathar's Birthplace: England
 Mother's Maiden Name: Dont know Mother's Birthplace: D.K.
 Name of person giving Information: Sarah Ruston How related to deceased: Wife

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary: Asthma How long: 2
 Immediste: Exhaustion How long: —
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician: Coroner
 Address: J. J. Dressman
Stine Amberland Md.
 Accident or Suicide: —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mr. Macclaine Schaffer* Town *Linnacoring* County *Alligany* MARYLAND

Died at *Linnacoring* Date of death 1909 *July* *13* Age *70* Months *7* Days *-*

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *Housewife* Where Residing if not at place of death *Germany*

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph H. Schaffer*

Father's Name *George Engelhardt* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *"*

Name of person giving Information *Mrs. Robt Hamilton* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

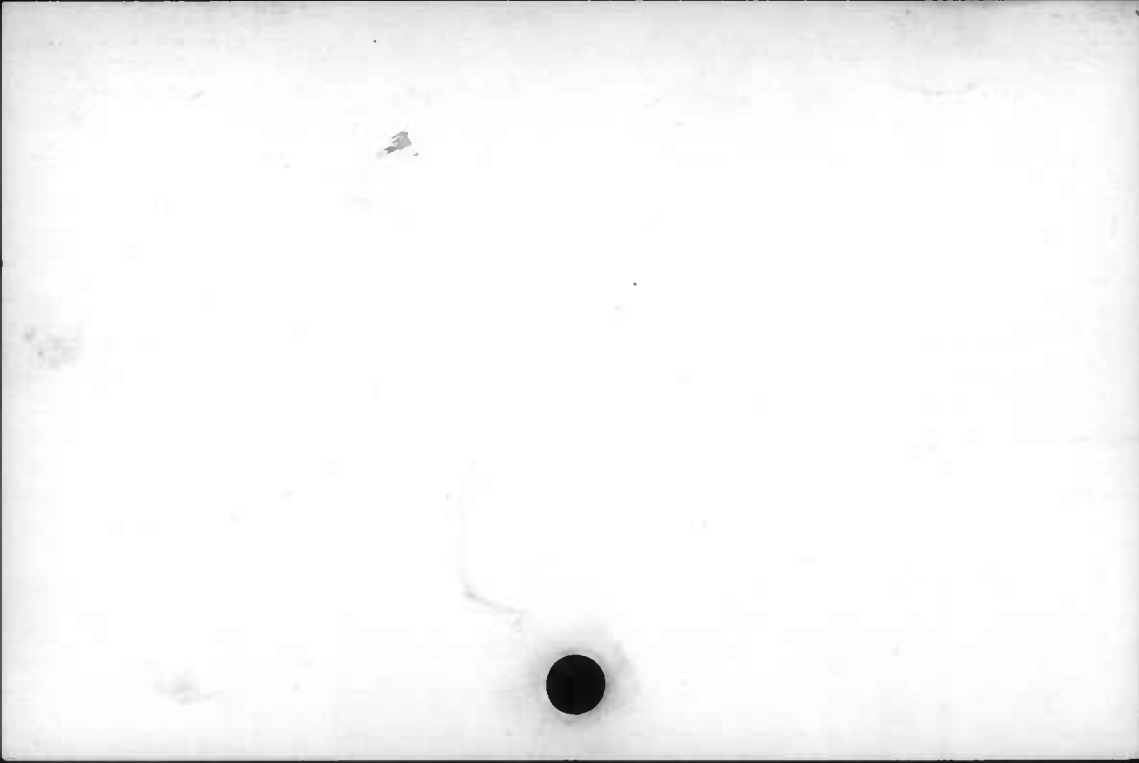
Primary *Hemiplegia* How long *17 mos*

Immediate *Apoplexy* How long *3 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling M.D.* Address *Linnacoring*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death

1909 July

Month

Day

7

Age

Years

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Eckhart

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Peter Scarscell

Father's
Birthplace

Mary

Mother's
Maiden Name

Katherine Garrison

Mother's
Birthplace

Mary

Name of person giving
Information

Peter Scarscell

How related
to deceased

father

CAUSES OF DEATH

Primary

Bronchitis

How long

4 wks

Immediate

Pulmonary Congestion

How long

2 day or

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J C Holdsworth
Eckhart Tenn
Md

Accident or Suicide

PHYSICIAN
OR CORONER

© Katharine
J. J.

Name
in Full

CERTIFICATE OF DEATH

Geo H. Schultz -

Town

County

MARYLAND

Died at *Cumtunda allighany*

Date of death 1909 ^{Month} 7 ^{Day} 26 - Age ^{Years} 64 ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth place *Philadelphia*

Occupation *Cooper* - Where Residing if not at place of death *La Vale*

Married, Single or Widowed *Married* Name of Wife or Husband *Fannie Schultz*

Father's Name *Philip Schultz* Father's Birthplace *Unknown*

Mother's Maiden Name *Mary D. Fabre* Mother's Birthplace *" " "*

Name of person giving Information *Philip Schultz* How related to deceased *Son*

CAUSES OF DEATH

120

Primary *Bright's disease* How long *(?)*

Immediate *Toxemia and Shuntan 48 hours* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. V. Derring*

Address *134 N. Center St. Cumtunda Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

3588

Acumino, S,

GS Butler 7/29-09.

Name
in
Full

Isaac Sine

CERTIFICATE OF DEATH

Town

County

Died at

Cumtland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 July

6

Age

22

4

—

Sex

Male

Color or
Race

White

Birth-
place

W. Va.

Occupation

Laborer

Where Residing if not
at place of death

W. Va.

Married, Single
or Widowed

Single

Nama of Wifa or
Husband

—

Fathar's
Nama

William Sine

Fathar's
Birthplace

W. Va.

Mothar's
Maidan Name

Jimmie Battie

Mothar's
Birthplace

W. Va.

Name of person giving
Information

Taylor Sine

How related
to deceased

Brother -

CAUSES OF DEATH

166

Primary

Struck by freight train accident

How long

10 days

Immediata

Concussion of Brain

How long

10 days

Are the nama, age, sex, color, data
and place correctly given above?

yes.

Signature of
Physician

E. S. Leachbrook

Address

Cumtland

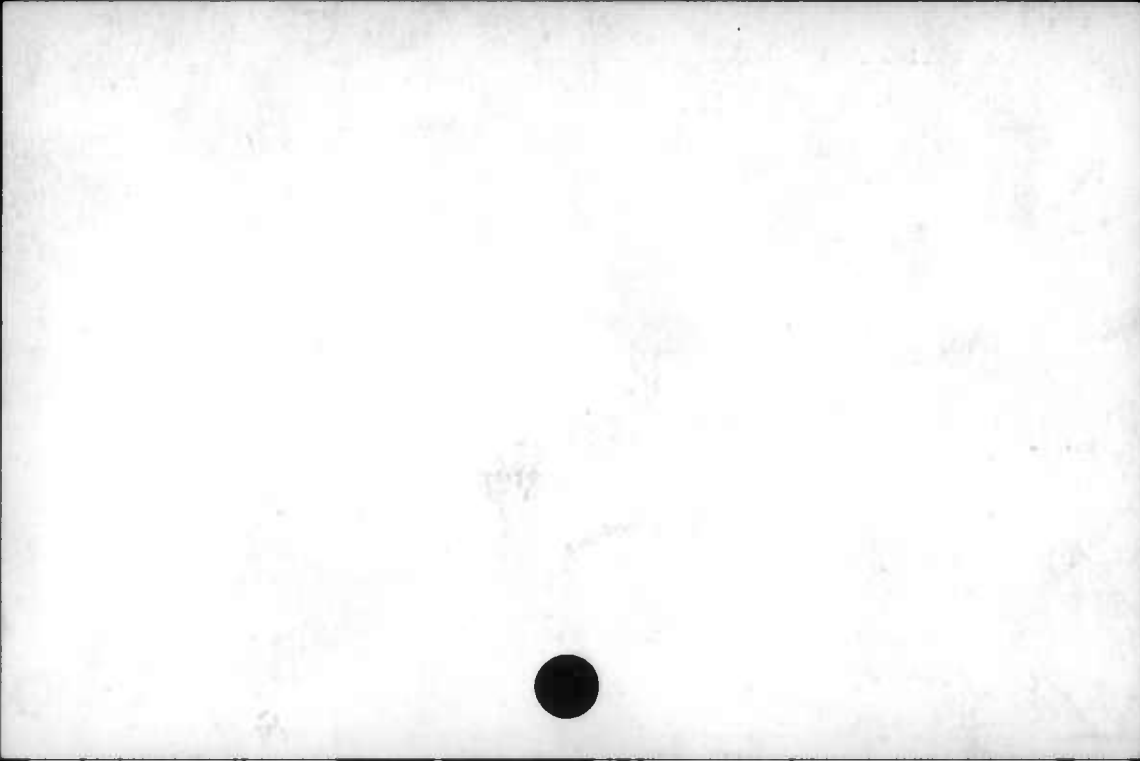
Accident or Suicide

Accident

Paw Paw W. Va.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Azella Smith

Town Near Cumber

County Alleg

Date

of death

1909 July

Day 31

Age

Years

6

Months

Days

Sex

Female

Color or
Race

Gypsy White.

Birth-
place

Near Cumber

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Edward Smith

Father's
Birthplace

England

Mother's
Maiden Name

Jane Lovell

Mother's
Birthplace

" "

Name of person giving
Information

Joshua Lovell

How related
to deceased

Uncle

CAUSES OF DEATH

105

Primary

Dis. Colitis

How long

Immediate

Exhaustion

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

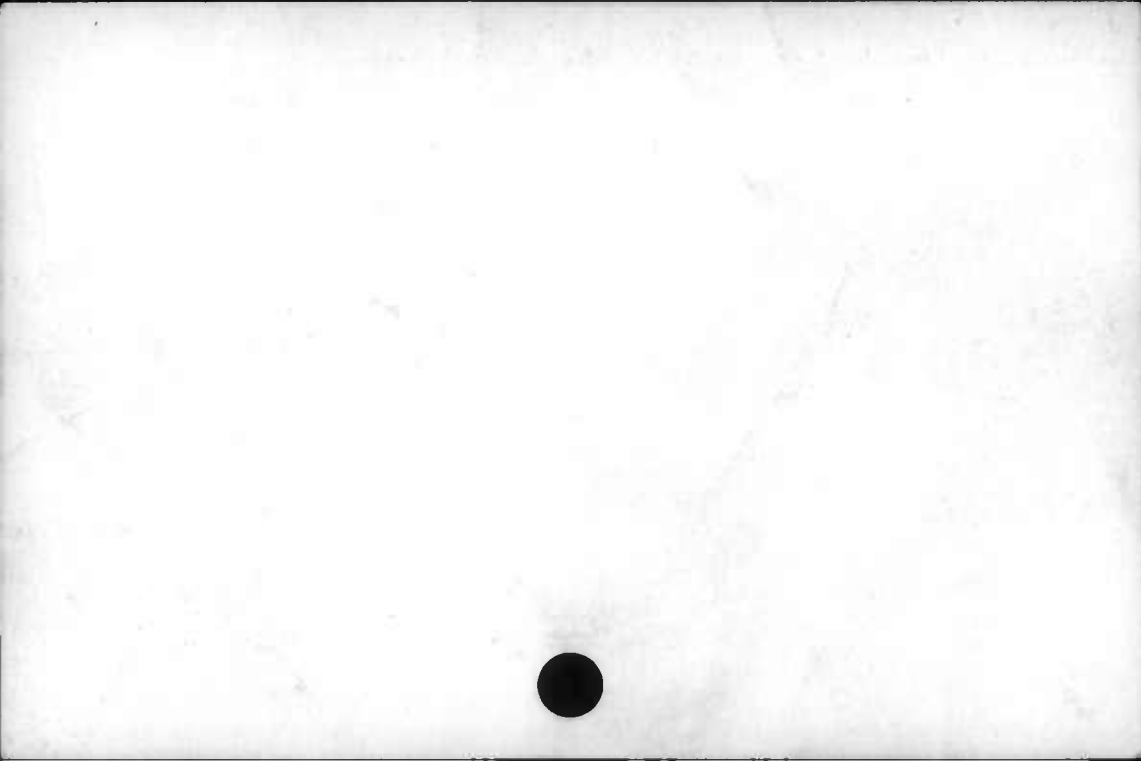
Signature of
Physician

A. L. Locklin
F. Cumber
Md.

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Thomas Snyder

Town

County

MARYLAND

Died at *Cumt'd*

Date

of death

1909

Month

July

Day

26

Age

Years

1

Months

4

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Cumt'd.

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Frank C. Snyder

Father's
Birthplace

Cumt'd

Mother's
Maiden Name

Anna Stanton

Mother's
Birthplace

Ohio

Name of person giving
Information

Frank C. Snyder

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enteric Fever

How long

2 days

Immediate

Parvulism

How long

a few hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

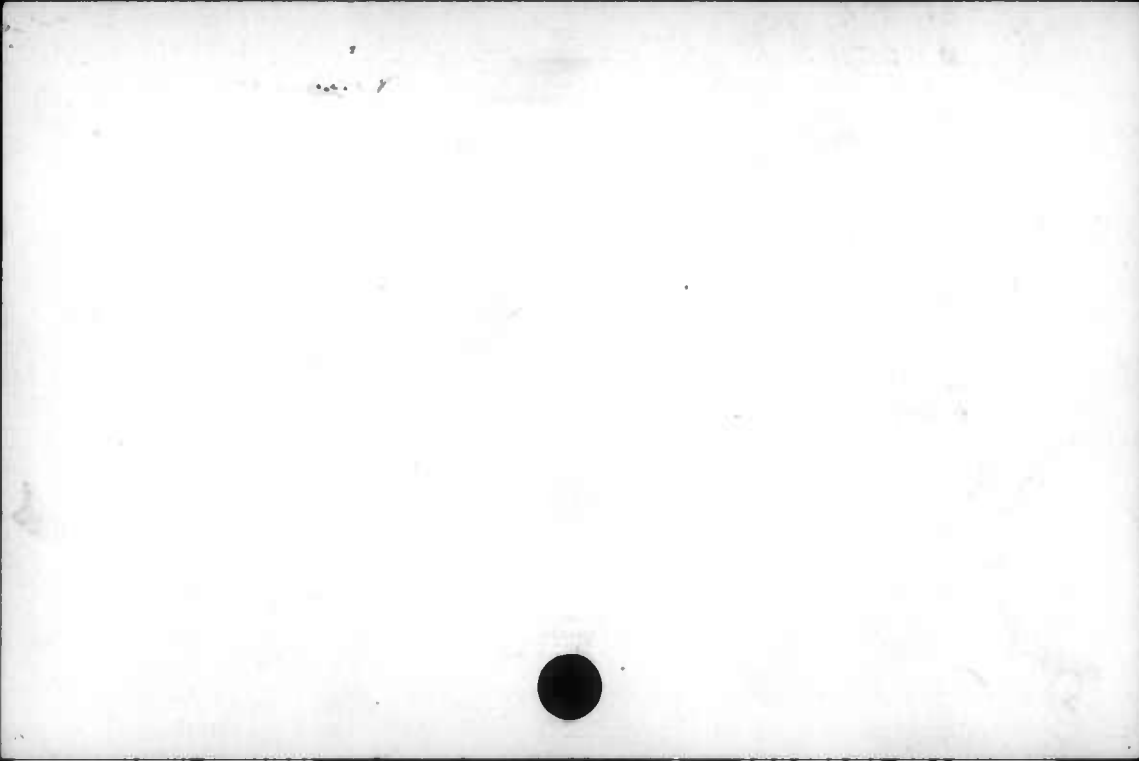
*W. W. Willey
Cushawton Rd*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

105



Name
in
Full

Laura Maryland Spearman

CERTIFICATE OF DEATH

Died at Camden Allegany County
 Date of death 1909 July 10 Age 1 Months 3 Days
 Sex Female Color or Race White Birth-place Md
 Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband -
 Father's Name Andrew Spearman Father's Birthplace Pa
 Mother's Maiden Name Rosa Nash Mother's Birthplace Pa.
 Name of person giving information Andrew Spearman How related to deceased Father

CAUSES OF DEATH

105

Primary Eutopic Politis Exhaustion How long 2 weeks
 Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

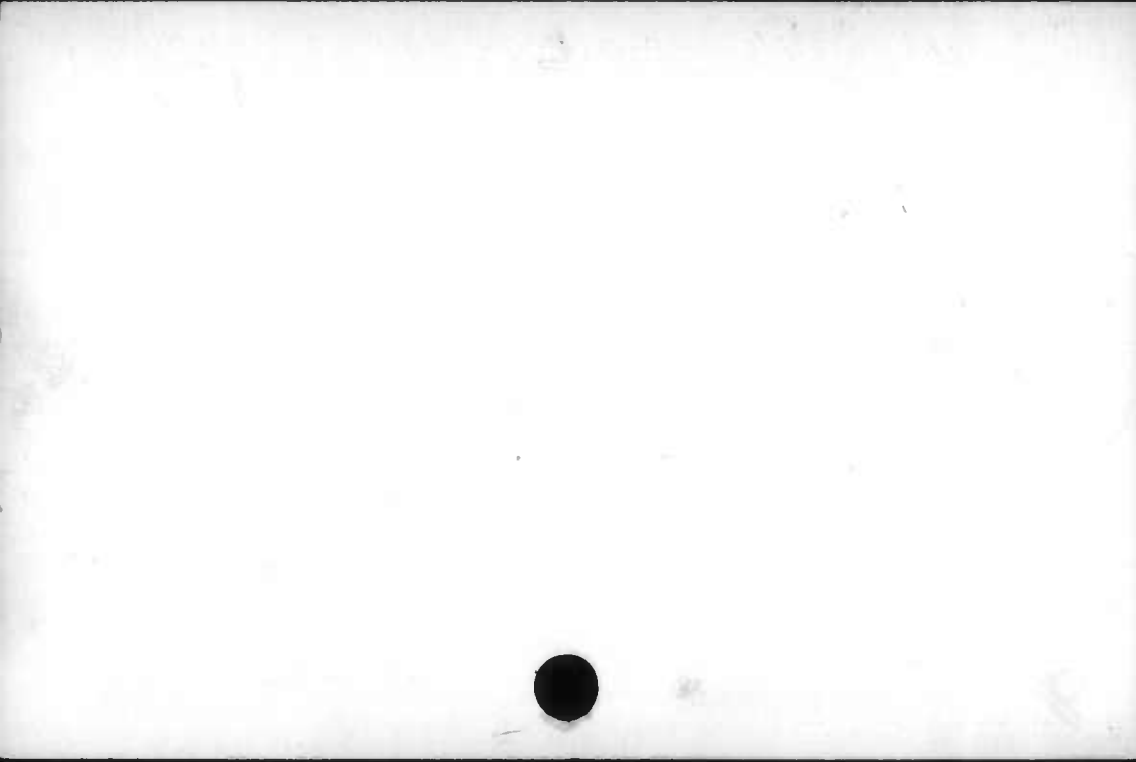
Address

Thos. H. Lown
 Camden, Md
 Sm

Accident or Suicide

TO BE ANSWERED BY
 NEAREST FRIEND

PHYSICIAN
 OR CORONER



Name
in
Full

Pearl Stevenson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lonaconing Town Allegany County

MARYLAND

Date of death 1909 July 2 Age 8 Months 23 Days

Sex Female Color or Race White Birth-place Lonaconing, Ind

Occupation _____ Where Residing if not at place of death Farmington W. Va.

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Stevenson Father's Birthplace Lonaconing

Mother's Maiden Name Mary Anderson Mother's Birthplace "

Name of person giving Information Mrs. Jno. Stevenson How related to deceased Mother

CAUSES OF DEATH

Primary Cholera Infantum How long 105 ✓

Immediate convulsion How long 2 weeks

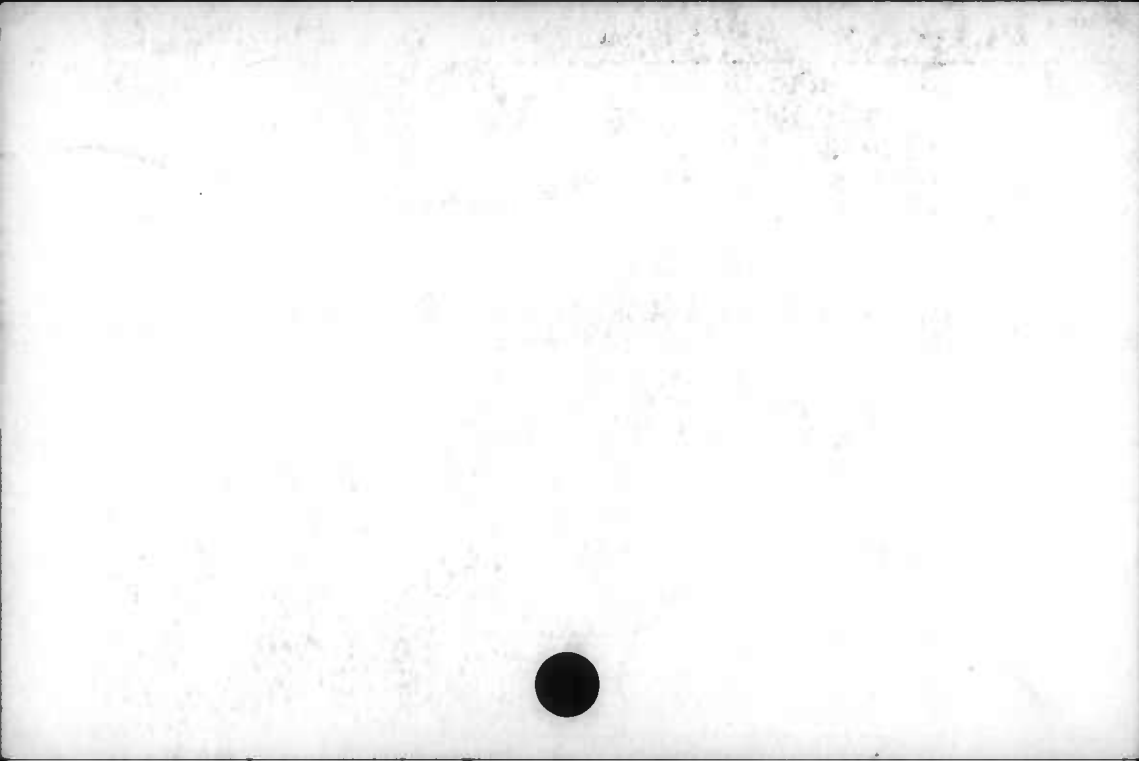
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Henry M. Hodgson

Address Lonaconing, Ind

PHYSICIAN
OR CORONER

Accident or Suicide No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Thomas

Died at *Frostburg* County *Alley* MARYLAND

Date of death *1909* Month *July* Day *26* Age *—* Years *—* Months *6* Days *—*

Sex *F* Color or Race *W* Birthplace *Frostburg*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James W. Thomas* Father's Birthplace *Frostburg Md*

Mother's Maiden Name *Elizabeth Phillips* Mother's Birthplace *Wales*

Name of person giving information *Jos. Williams* How related to deceased *Father*

CAUSES OF DEATH

179
How long

PHYSICIAN
OR CORONER

Primary *Found dead in bed* How long *—*

Immediate *Morning - Had not been sick* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. G. Griffith*

Address *Frostburg Md*

Accident or Suicide? *X*

L. F. H. & Co

Albany

Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Thompson</i>		Town <i>Sonoma</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 July 1</i>		<i>72</i>		<i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>		Days <i>18</i>	
Occupation <i>Miner & mine Dept.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Williams</i>					
Father's Name <i>Robert Thompson</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Isabella Gull</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Mrs Reynolds</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

14

4

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>14 days</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
Accident or Suicide? <i>no</i>	Address <i>Sonoma Maryland</i>



Name in Full *John White*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amber</i> <small>Town</small>		<i>Alley</i> <small>County</small>		MARYLAND	
Date of death 1909 <i>1</i> <small>Month</small>		<i>22</i> <small>Day</small>		<i>32</i> <small>Years</small>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Richmond Va</i>	
Occupation <i>Barber</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Mar.</i>		Name of Wife or Husband <i>Berdel Jones</i>			
Father's Name <i>Walter White</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Richmond Va</i>			
Name of person giving information <i>Berdel Jones</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. H. Jones</i>
	Address <i>Amber</i>
Accident or Suicide	<i>No</i>

35-74

Korn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Grahamstown</i>		County <i>Allegheny</i>	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>9</i>	Age <i>2</i>
Sex <i>M</i>	Color or Race <i>N</i>	Birthplace <i>Md.</i>	Months <i>4</i>
Occupation <i>Chief</i>	Where Residing if not at place of death <i>—</i>		
Married, Single <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>David D. Williams</i>	Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Jessie Wright</i>	Mother's Birthplace <i>England</i>		
Name of person giving information <i>D. D. Williams</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Chloroform Infarction</i>	How long <i>148 hours</i>
Immediate <i>MC</i>	How long <i>148 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>MC</i>	Signature of Physician <i>Dr. W. M. Lane</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born daughter of Abraham Hufelid

Town *Allegheny* County *Allegheny* MARYLAND

Died at *Allegheny*

Date of death *1909* Month *14* Day *15* Age *7 1/2* Years Months *12* Days *born*

Sex *F.* Color or Race *W.* Birth-place *md*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Abraham Hufelid* Father's Birthplace *md*

Mother's Maiden Name *Marque Doxton* Mother's Birthplace *md*

Name of person giving information *Abraham Hufelid* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rob't Silvester Winter
Town Gilmore County Allegheny MARYLAND

Died at Gilmore

Date of death 190 9 Month July Day 13th Age 35 Years 4 Months 5 Days

Sex Male Color or Race White Birth-place Midland

Occupation Miner Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Rob't H. Francis Winter Father's Birthplace Vale Summit

Mother's Maiden Name Mary D. Mother's Birthplace Williamsport Md

Name of person giving Information Jas. H. Atkinson How related to deceased Son

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

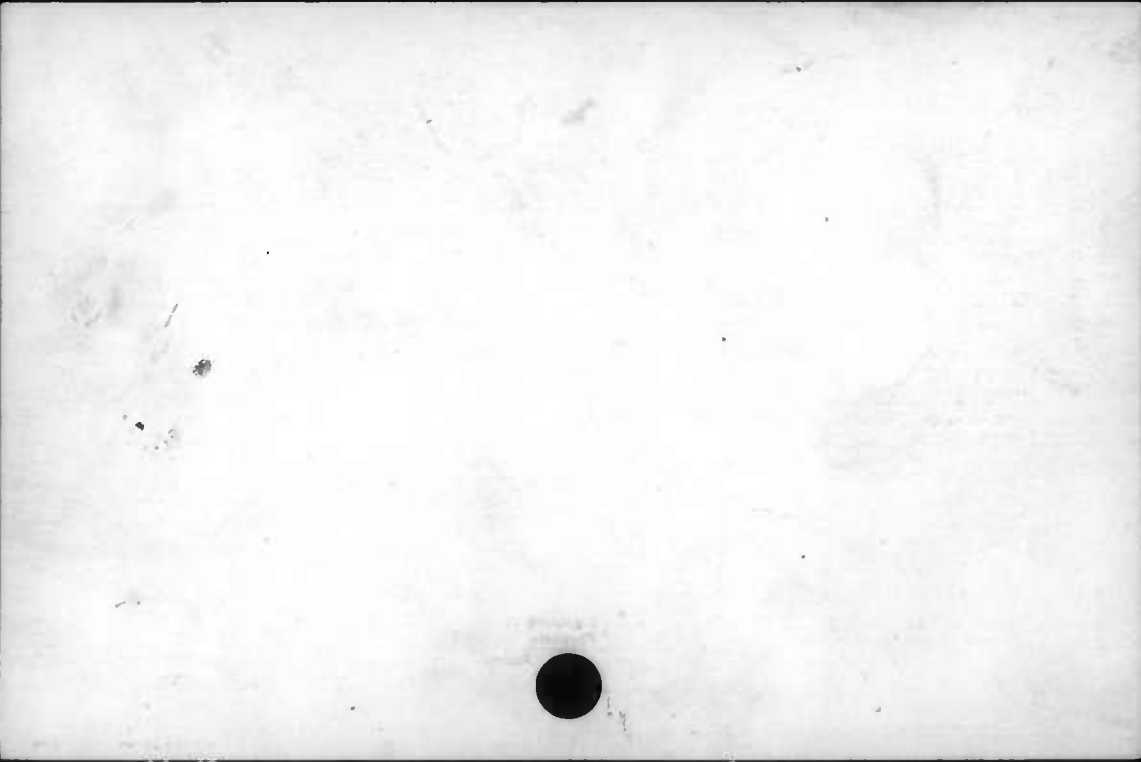
Primary Feet mashed & skull fractured How long _____

Immediate Ran over by train How long _____

Are the name, age, sex, color, date and place correctly given above? 8

Signature of Physician Coroner Address J. F. Dressman

Accident Inside Cimb'd Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Gertrude Wolfe Town Near Cumberland County Allegheny
Died at
Date of death 1909 Month July Day 20 Age 1 Years 10 Months 10 Days —
Sex Female Color or Race White Birth-place Cumda
Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Geo. A. Wolfe Father's Birthplace Cumberland
Mother's Maiden Name Alice Mittenberger Mother's Birthplace Pa
Name of person giving Information Geo. A. Wolfe How related to deceased Father

CAUSES OF DEATH

Primary Acute Dysentery How long 14
Immediate Exhaustion How long 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Jochman
Goetzman

PHYSICIAN
OR CORONER

Steen

Accident or Suicide

